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ABSTRACT

Proceedings of the Allied Health Education Forum, which aimed to afford an opportunity for mutual exchange between those who accredit and those who are accredited, are presented. The plan for the forum was to be action-oriented and to allow for interchange on topics identified as important to those involved in or interested in allied health accreditation. Participants included allied health deans, hospital administrators, program directors, allied health professional organization officers, accrediting agency representatives, and American Medical Association staff (from the Committee on Allied Health Education and Accreditation--CAHEA). Among the 14 sessions were: "Accreditation: A Public Trust" (William A. Kaplin); "Function and Significance of the Essentials for Accreditation of Allied Health Programs" (Mary Lee Seibert); "The Significance and Function of the Self-Study: A Community College Administrator's View" (Thomas D. Klopfenstein); "Essentials and the Self-Study: A Hospital Perspective" (Allen W. Grubb); "The CAHEA Accreditation Site Visit and Review Process: A Two Year College Perspective" (Gerry Kaminski); "Alternatives to Programmatic Accreditation" (Thomas E. Freeland); and "Alternative Futures for Accreditation: An Organizational Analyst's Perspective" (H. R. Kells). (LB)

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ACCREDITATION

A PUBLIC TRUST

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INTRODUCTION

The idea that the Committee on Allied Health Education and Accreditation (CAHEA) sponsor an Allied Health Education Forum originated with its Long Range Planning Committee. The proposed goal of the forum was to afford an opportunity for mutual exchange between those who accredit and those who are accredited. Its plan--to be action-oriented and to allow for interchange on topics identified as important to those involved in or interested in allied health accreditation--evolved after CAHEA and staff determined how best to bring together and engage a diverse group of professionals in a fruitful discussion of accreditation issues.

Invitations were sent to allied health deans and hospital administrators with responsibility for allied health educational programs, program directors, officers of allied health professional organizations, representatives of regional and specialized accrediting agencies, CAHEA's Panel of Consultants and Special Advisors, and members and staffs of Review Committees with which CAHEA cooperates.

Speakers included individuals from collegiate and hospital settings directly involved in the administration of allied health educational programs as well as persons with responsibility for accreditation services. The papers of seven of the presenters were mailed to preregistrants for preview, to facilitate their participation in the forum discussions.

The forum began on Wednesday evening with a major presentation highlighting the theme, **Accreditation: A Public Trust.** This keynote address provided the backdrop for the following days' exchanges.

The sessions on Thursday explored the internal and external concerns of accreditation from the perspective of administrators of a variety of types of allied health educational programs in hospitals and academic institutions.

The morning presenters spoke to internal concerns of accreditation--the self-study process and the significance and function of the **Essentials.** During the afternoon session, two administrators of multiple programs discussed the site visit and review process--external concerns of accreditation. They were followed by an allied health dean who explored alternatives to programmatic accreditation, and another who focused on the pros and cons of coordinated surveys.

Reactor panels responded to the presentations after each session and then all forum participants moved into small work groups for discussion.

On Friday morning, five synthesizers reported on the discussions and recommendations of the small work groups which had met the previous day. Each synthesizer provided insights on the accreditation issues raised in the various groups.

The concluding presentation, major in its scope, fittingly concluded the forum with an investigation of the future of accreditation from the perspective of an organizational analyst.

INTRODUCTION (continued)

Over 200 registrants came together to participate in **Accreditation: A Public Trust.** Their diverse roles and varying degrees of involvement in allied health education and/or accreditation contributed to the fruitful dialogue which took place, and were responsible for generating many rich recommendations and suggestions that will help shape the future of allied health accreditation.

These **Proceedings**, like the forum itself, are assembled with the hope that they will foster greater cooperation and understanding between those who accredit and those who are accredited. If accreditation is to fulfill effectively its role as a public trust, it will require the united efforts of all groups involved in the accreditation process.

Barbara Weithaus, PhD
Forum Coordinator

ACCREDITATION: A PUBLIC TRUST

William A. Kaplin

What does it mean to say accreditation is "a Public Trust?" Surely it means that the accreditation system--from the perspective of both the accreditors and the accredited--is charged with an obligation to serve "the public interest." But what, then, is "the public interest?"

When I ponder that question--perhaps because it is partly a legal question--I think back to my law school days. My very first class in law school was Contracts, at 9:00 am in a tiered classroom with 160 students. The professor had been introduced to us at a banquet the previous night as "Mr. Chips." But we soon knew better. He appeared at 9 sharp, closed the double doors at the back of the classroom, strode down the aisle, slammed his books on the table, and, with no introduction, shouted "Mr. Jones. Is Mr. Jones here today?" Of course, he was. Mr. Jones leapt to his feet, as the upperclass students had warned us to do, and the professor began his barrage of questions about the cases we had read. Eventually Mr. Jones was asked something like "Why do you think A should have to pay the money to B?" And Mr. Jones answered, "Because it's fair." "Fair!" the professor retorted. "What do you mean by 'Fair?'" Mr. Jones, brow sweaty by now, trying again: "I mean it's a just result." The professor, thundering: "Just! What do you mean by 'Just?'"

I can hear that same professor's retort if we asserted to him that accreditation should serve the public interest. He'd shout, "What do you mean by 'Public Interest'?" And we'd better have a good answer.

The Emerging Consensus

In search of that answer, let's first look backward in history. There was a time when accreditation, like higher education, was a private or internal matter governed by the accreditors and educators themselves, unimpeded by government. There was likewise a time when professional associations, whether in the health professions or other fields claiming special expertise, operated relatively free from public scrutiny. But times have changed, and with changing times conceptions of law and public policy have also changed.

William A. Kaplin, JD, is professor, Columbus School of Law, The Catholic University of American, Washington, DC. He has been a consultant on education, accreditation and health issues and has served on the Council on Postsecondary Accreditation's Task Force on Accreditation and the Public Interest. His most recent works, **The Law of Higher Education** (Jossey-Bass, 1980) and a monograph, **Accrediting Agencies' Legal Responsibilities** (COPA, 1982), reflect his expertise and interest in higher education and accreditation.

In recent history the public's interest and the government's involvement in education have expanded. At the same time public and governmental interest in professional matters and the operation of professional associations has increased. Accreditation lies at the convergence of these two trends. Being part of the education process, accreditation has been affected by increased concern for educational matters; being a function performed by professional associations claiming special expertise, accreditation has also been affected by the shift in attitudes toward these matters.

From these developments a consensus is emerging that accrediting agencies and the interests they affect are more public than private--that critical public trust obligations therefore attach to accreditation--and that the primary function of accreditation is to serve the public interest which, for our purposes, is an interest not only in education but also in health care. What is the evidence of this consensus? Why has the consensus emerged? I propose we explore seven highlights of recent history.

Historical Highlights

1. The year 1966 is a good starting point. That is when the case of **Marjorie Webster Jr. College v. The Middle States Association**[2] was filed in federal district court in Washington, DC. The case sparked intense debate, both in and out of court. After a ten-week trial in early 1969, the court issued its opinion in July 1969. The opinion developed this view of accreditation:

> (D)efendant acts in a quasi-governmental capacity by virtue of its role in the distribution of federal funds under the "aid to education statutes." Selection of the recipient schools is frequently dependent upon the accredited status of the applicant. Middle States...is officially recognized by the United States Commissioner of Education who publishes a list of nationally recognized accrediting agencies and associations which he determines to be reliable authority as to the quality of training offered.... In states under its jurisdiction...(the defendant has also) been recognized as an agency to identify institutions of quality for purposes such as teacher certification, state loans, and state scholarships. Over the years Middle States...has become a powerful instrumentality which sets policies in an area of vital concern to the public. Accreditation...confers a significant competitive advantage on defendant's members as distinguished from non-members. In view of the great reliance placed on accreditation by the public and the government, these associations must assume responsibility not only to their membership but also to society.... The...accrediting associations...have an opportunity to provide new leadership in orienting their policies toward the broader welfare of society and the public interest....Public policy requires that...(the accrediting) power of the defendant must be exercised in a reasonable manner in the public interest.[3]

2. In November 1970, the National Commission on Accrediting and the United States Office of Education co-sponsored an invitational seminar on "Accreditation and the Public Interest." Several critical topics were addressed by the participants, including "How may accrediting agencies assure government and the public that they are legitimate holders of the public trust?" The underlying

premise for this seminar, as set out in the final Report, was that:

> Present and future demands of society are such that accrediting agencies must, in view of the quasi-public nature of their accrediting actions, engage in some re-thinking about their organizational structure and procedures in order to become more responsive to the public interest.[4]

3. In 1971, an independent study commission appointed by the American Medical Association, the Association of Schools of Allied Health Professions, and the National Commission on Accrediting established staff operations in Washington, DC. The Commission's study, called SASHEP (Study of Accreditation of Selected Health Educational Programs) and familiar to many of you, produced a series of staff papers and an extensive Commission Report published in May 1972. The Report emphasized that accreditation in the allied health fields has "substantial public trust functions and responsibilities;" that "the needs of the institutions and their programs of study, of the professions and their members, and of other sectors of society must be recognized and reconciled with overall social needs and objectives;" and that "when oriented toward the needs of society, specialized accreditation of health educational programs provides a necessary, vital service to society."[5]

4. In 1973, the National Commission on Accrediting published a scholarly study by its Associate Director Jerry Miller, now with the American Council on Education. The study, titled **Organizational Structure of Nongovernmental Postsecondary Accreditation**, assembled the views of 100 experts nationwide on accreditation. This group's predominant view, analyzed in the published report, was that "accreditation should serve no function which conflicts with the public interest;" that "the policies, procedures, and standards of accreditation should be fully disclosed and developed as public business;" and that "the organization of...accrediting agencies...should include laity who are capable of...relating the activities of the accrediting enterprise to the public interest."[6]

5. In 1974, the U.S. Office of Education revised its "Criteria for Recognition" of accrediting agencies. A major purpose of the revision was to emphasize the agencies' responsibility to the public. As revised, the Criteria now require that recognized accrediting agencies be "responsive to the public interest" and include "representatives of the public" in their organizational structures.[7]

6. In 1975, the National Commission on Accreditating and the Federation of Regional Accrediting Commissions (FRACHE) merged to form COPA, the Council on Postsecondary Accreditation. The Preamble to COPA's By-laws emphasized that "accrediting agencies, while established and supported by their membership, are intended to serve the broader interests of society as well." Subsequently COPA published a statement of organization which declared that:

> ...accrediting decisions are used as a consideration in many formal actions--by government funding agencies, scholarship commissions, foundations, employers, counselors, and potential students. Accrediting bodies have, therefore, come to be viewed as quasi-public entities with certain responsibilities to the many groups which interact with the educational community.[8]

7. In 1978, COPA organized a "Task Force on Accreditation and the Public Interest." The Task Force developed a "Policy Statement on Accreditation and the Public Interest" which was approved and published by the COPA Board in 1980. The Statement asserts that "accreditation is essentially a public service, performed by agencies often characterized as 'quasi-public;'" that "the process of accreditation should recognize and serve the public interest;" and that "all members on accrediting commissions have the duty to recognize the public interest" but that "public members should be selected for the purpose of giving special attention to that interest."[9]

These historical events cast a spotlight on the public interest: we see it moving to center stage, and its contours become visible to us. But we do not yet have it firmly in our grasp; it floats, enticingly, just out of reach. For further assistance, we turn again to the courts.

Defining the Public Interest

The term "public interest" is frequently used in the law and appears in both statutes and court decisions. Although courts have never succeeded in developing a detailed definition, a general definition can be constructed with extracts from various opinions. According to the courts, public interest must be "distinguished from private or personal [interest]," with the public interest being one "of, pertaining to, or affecting the people at large or the community."[10] Public interest means more than mere public curiosity. To be a matter involving public interest, something must be involved in which the public, the community at large, has an interest or a right which may be affected."[11] Thus, an activity may become "clothed with a public interest when...[done] in a manner to make it of public consequence and affect the community at large."[12] The public interest is not an ideal; it is based on "that which the community wants" rather than "that which an ideal community ought to want."[13] Nor is public interest a static concept. It expand(s) "with the growing complexity and integration of society."[14] Plainly circumstances may so change in time or so differ in space, as to clothe with ...[a public interest] what at other times or in other places would be a matter of purely private concern."[15]

This all-purpose judicial definition is not tailored to fit accreditation specifically. But other definitional attempts, by commentators knowledgeable in accreditation, do that job for us. In his study **Organizational Structure of Non-Governmental Postsecondary Accreditation**, Jerry Miller defines public interest as "the community of societal interests held by the public in general which may be congruent with but which tends to transcend the economic, personal, and professional interests of accrediting agencies or of any other private group or individual in society."[16] In its "Policy Statement on Accreditation and the Public Interest," the COPA task force defines public interest as "the interest of students and parents and the public generally as purchaser, supporter, and consumer of educational services."[17] In his 1976 paper "Accreditation and the Public Interest," William K. Selden defines public interest as the "welfare of society" as distinguished from "the economic, professional or social benefit" of the institutions and professions which control accrediting activities.[18]

Under these definitions, an accrediting action would be contrary to the public interest if it supported the personal or pecuniary interests of individuals or organizations at the expense of the broader interest of society. Or, to borrow again from a court decision, an accrediting agency would act contrary to the public interest if it failed to assume "an affirmative obligation" to the public and "to be reasonable in dealing" with public needs. The goal is not that the accrediting agency ignore its own legitimate needs or those of the educational programs and the profession it serves; rather, the goal is that the accrediting agency reconcile these needs with broader societal needs, giving predominance to the latter if there is a conflict.

Promoting the Public Interest

The public interest, so defined, is a real, not an imaginary quarry--still elusive, but perhaps within our grasp. The question now is, how can the accrediting system give direction to its reach and develop a firm grip; in short, what conditions or techniques will facilitate the identification and promotion of the public interest in accreditation? Many helpful guidelines are contained in sources already cited: the COPA's "Policy Statement on Accreditation and the Public Interest," the U.S. Department of Education's "Criteria for Recognition," the Miller study, the SASHEP study. A deeper answer to the question, however, requires consideration of five interrelated concepts critical to accreditation's future. The first two are Autonomy and Impartiality.

1. **Autonomy.** Accrediting agencies should be free from restraints which may affect their freedom or capacity to make accrediting decisions. To attain such antonomy, the accrediting body must operate independent of policital or economic influences either within or outside the organization which sponsors the accrediting activity. Thus the accrediting body should not be obligated to, or should its decisions on particular schools or programs be reviewed by, any other body having political or economic goals that may conflict with the educational goals of accreditation. Were an accrediting body structured to represent the interest of member institutions, the sponsoring profession, or some other particular interest, such an arrangement could skew its decision-making process in favor of those competing narrower interests to the detriment of the public interest.

2. **Impartiality.** In their individual capacities, members of accrediting agencies should be free from any personal or pecuniary interest in the outcome of accrediting decisions. Like autonomy, "conflicts of interest" on the part of individual members may restrain free choice and tilt accreditation decisions in favor of narrower interests competing with the public interest. "Conflicts of interest" has been defined in the law as "a situation in which regard for one duty tends to lead to disregard of another," and as "a clash between public interest and the private pecuniary interest of the individual concerned."[19] The law condemns the existence of such conflicts because they tend to undermine the decision maker's impartiality.

Thus good policy suggests, and the law requires, that accrediting agency members be impartial decision makers free from actual or apparent conflicts of interest. This impartiality is the second ingredient in the mix assuring that accrediting agencies are responsive to the public interest. Combined with the first ingredient, autonomy, it creates an atmosphere for fair and constructive accreditation decision making. But autonomy and impartiality only help to prevent bad decisions; they do not guarantee good ones. In this sense, they are like a vacuum that needs to be filled. Three other ingredients must be added to facilitate good decision making: Expertise, Public Representation, and Due Process.

3. **Expertise.** In selecting the members of the accrediting body, in training them, and in providing support services for them, accrediting agencies should bring relevant expertise to bear on the accreditation process. Educational expertise is important, of course, but so are expertise in the practice of the professional discipline being accredited, expertise in disciplines functionally related to the one being accredited, and the expertise of the generalist--the expert at weaving together the separate views of the specialists.

In the real world, this goal of applying expertise is in tension with the goals of autonomy and impartiality. The greatest experts are likely to be involved in other educational or professional pursuits which inhibit their independence. For instance, persons with expertise in education or in the professional discipline being evaluated may be in competition with the institutions or programs they are judging. Such experts may also be affected by "turf" conflicts among professions or subgroups within a particular profession, or they may have other professional interests or obligations which limit their impartiality or the accrediting body's autonomy. Thus, carried to their extremes, autonomy and impartiality could undermine achievement of the goal of maximizing expert input into accrediting decisions. The goal of expertise must therefore be balanced against the other two goals, understanding the real world practicalities that prohibit complete fulfillment of all three goals. If accrediting agency members are to be experts, most of them, at least, cannot be completely free of every appearance of conflict of interest.

4. **Public Representation.** Perhaps the major technique for enhancing sensitivity to the public interest is to include public representatives on the accrediting body. The U.S. Department of Education's recognition criteria define such persons as "representatives who are laymen in the sense that they are not educators in, or members of, the profession for which the students are being prepared, nor in any way are directly related to the institutions or programs being evaluated." COPA's "Policy Statement on Accreditation and the Public Interest" emphasizes that a public representative should be "a person with an informed, broad-gauged community point of view."

Public representation helps ensure the autonomy of the accrediting body and the impartiality of its members by inserting into the process persons representative of broader interests, further removed from possible conflicts. Thus, public representatives can directly enhance fulfillment of the first two goals of autonomy and impartiality. Moreover, public representatives can enhance the third goal by bringing to the accrediting process what can be considered an additional type of expertise: the expert sense of the societal interests which are implicated in accreditation decision making. It would be short-sighted, however, to ignore the other types of expertise in selecting public representatives. Such persons may also have some form of educational expertise in instruction, administration, or measurement and evaluation. They may have expertise in some discipline functionally related to the one whose programs are being accredited, or they may have the expertise of the generalist and be particularly adept at weaving together the various views expressed before the accrediting body. In order to encourage selection of representatives with these added dimensions of expertise, neither the selection process nor the qualification requirements should be so preoccupied with the first two goals (autonomy and impartiality) that selection of expert public representatives is not feasible.

5. **Due Process.** In organizing their activities, accrediting agencies should follow principles of due process. Due process envisions an orderly and accessible system for decision making. There should be clear written standards (Essentials) and procedures, and they should be available to all interested parties. The procedures should cover both the process of reviewing and revising the accrediting standards and the process of applying the standards to particular schools or programs. These procedures should be designed to yield all the information the agency needs to make its decisions and to give all affected parties the opportunity to present their views.[20]

It is this final ingredient of due process which adds regularity to, and provides information for, accreditation. Due process thereby catalyzes and channels the ingredients of expertise and public representation, maximizing their impact.

The ability to procure these five ingredients for accreditation decision making, and to accommodate the potential conflicts in procuring them, will ultimately determine whether accrediting agencies indeed make decisions representing the public interest. It is through successful procurement and accommodation that public confidence in accreditation can be achieved and the public interest in accreditation protected.

Conclusion

Let me take you back now to the law professor who shouts: "Public Interest! What do you mean by Public Interest?" Perhaps now we can answer his challenge. But it is still a general answer, waiting for you to provide more specifics in your sessions the next two days. When you approach this task, remember that the public interest, elusive as it may be, is not fanciful or an ideal; it is, as one court said, "what the public wants, not what an ideal community ought to want."The ideal, rather, is always to be able to discern, and determine how to serve, this public interest through accreditation. But that is an ideal well worth pursuing. As Justice Oliver Wendell Holmes once wrote to another famous jurist, Benjamin Cardozo:

> I have always thought that not place or power or popularity makes the success that one deserves, but the trembling hope that one has come near to an ideal.

Footnotes

1. The following discussion draws heavily from the author's prior paper, "**Accrediting Agencies' Legal Responsibilities: In Pursuit of the Public Interest**," published by COPA in 1982 as part of its Occasional Paper series (copyright 1982, Council on Postsecondary Accreditation) and republished with expanded footnotes and minor revisions at 12 **Journal of Law and Education** 87 (1983). Comprehensive citations of authority documenting most of the following discussion can be found in the republished version of the author's prior paper.

2. 302 F. Supp. 459 (D.D.C. 1969), reversed on other grounds, 432 F.2d 650 (D.C. Cir. 1970).

3. 302 F. Supp. at 470, 473.

4. U.S. Office of Education, **Report on the Seminar on Accreditation and the Public Interest** (Xerox) (1971).

5. SASHEP, **Commission Report**, pp. 5, 19, 38 (1972).

6. J. Miller, **Organizational Structure of Nongovernmental Postsecondary Accreditation: Relationship to Uses of Accreditation**, pp. 109, 123, 138 (National Commission on Accrediting, 1973).

7. 34 C.F.R. Section 603.6(B)(2).

8. The Council on Postsecondary Accreditation, **The Balance Wheel for Accreditation** 1 (1981 and prior editions).

9. The Council on Postsecondary Accreditation, **Policy Statement on Accreditation and the Public Interest** 1, 2 (1980).

10. **Farrell v. New York Evening Post**, 3 N.Y.S. 2d 1018, 1021 (1938).

11. **State v. North Dakota Hospital Service Association**, 106 N.W. 2d 545, 547 (N. Dak. 1960).

12. **Munn v. Illinois**, 94 U.S. 113, 126 (1877).

13. **Barton v. Codington County**, 2 N.W. 2d 337, 343 (S. Dak. 1942), citing P. Winfield, "Public Policy in the English Common Law," 42 **Harvard Law Review** 76, 99-100 (1928).

14. **Hogue v. Housing Authority** 144 S.W. 2d 49, 56 (1940).

15. **Block v. Hirsch**, 256 U.S. 135, 155 (1940).

16. J. Miller, **supra** note 6, at 7.

17. Supra note 9, at 1.

18. W. Selden, Accreditation and the Public Interest 8 (COPA, 1976).

19. U.S. v. Miller, 463 F.2d 600, 602 (1st Cir. 1972); Gardner v. Nashville Housing Authority, 514 F.2d 38, 41 (6th Cir. 1975).

20. See generally W. Kaplin, "Professional Power and Judicial Review: The Health Professions," 44 George Washington Law Review 710, 746-750 (1976); W. Kaplin, "Judicial Review of Accreditation: The Parsons College Case," 40 Journal of Higher Education 543, 549-554 (1969).

FUNCTION AND SIGNIFICANCE OF THE ESSENTIALS FOR ACCREDITATION OF ALLIED HEALTH PROGRAMS

Mary Lee Seibert

I have been asked to present my views on the function and significance of Essentials for accreditation of allied health programs from the perspective of a dean of allied health. In reflecting on this assignment, I realized that in my career I have worked with Essentials from a variety of vantage points: as an allied health practitioner, as a program director, as a site surveyor, as a member of a professional association's Essentials Review Committee, as a consultant assisting educational institutions to perform feasibility studies for allied health programs, and now as an allied health dean at a large urban university.

In thinking about those various perspectives, I came to the sobering conclusion that Essentials currently have a greater significance for me as an allied health dean than they did in any of my previous roles. Ironically, however, in my position as a dean I have less opportunity for input into their development than ever before. A dean has the responsibility for acquiring the resources necessary to operate a program in compliance with Essentials, but a dean's input is rarely (if ever) sought when Essentials are developed. As a practitioner, I elected individuals to committees to develop accreditation standards. As a program director, I used Essentials as a framework for developing curriculum, hiring faculty, and setting up record keeping systems for a program. I was asked at regular intervals for my opinion regarding the accreditation standards and practices. Site surveyors measure schools' compliance with Essentials and are routinely asked for input when Essentials are revised. As a member of an Essentials Review Committee, the input is obvious. But, as a dean, I am expected to pay the bills and provide the necessary support services. For these services I receive from accrediting agencies, at appropriate intervals, carbon copies of letters directed to other institutional personnel (i.e., the president and the program director) telling them the status of our accreditation.

Although it may well be oversimplified, consider the following analogy: the dean's job is to build a plant and provide the resources for manufacturing a product, the program director's job establishes the manufacturing procedure, the faculty is responsible for building the product, and it is up to the profession to buy it. And throughout this process the Essentials are the only generally accepted blueprint that any of us has for the entire process.

Mary Lee Seibert, EdD, is Dean, College of Allied Health Professions, Temple University, Philadelphia, Pennsylvania.

As blueprints for accreditation, Essentials, even when they are accompanied by Guidelines, leave a large number of decisions to be made by the sponsoring institution. A review of recent Essentials revisions reveals the startling fact that Essentials have become even more generalized and less definitive about the meaning of program quality. Legal issues and compromise have so diluted the criteria that terms like "or the equivalent" have become commonplace. Yet, who is responsible for defining what is equivalent? Essentials have become more vague, while at the same time accrediting associations are more stringently evaluating programs' compliance with them.

The significance of Essentials cannot be considered without also considering the significance of the accrediting process as a whole. As an allied health dean, I believe strongly in the continuation of programmatic accreditation. I am sure some of my colleagues do not share this opinion, but I will not embark here on a detailed justification for my position. Although I support program accreditation, I do believe the process must be revised so that it truly stimulates programs to produce qualified entry level practitioners to meet the needs of the health care marketplace. For example, Essentials should clearly spell out the required entry level competence for a practitioner and get out of the business of telling administrators and practioner-educators how to go about preparing practitioners. Rules that stipulate how long a program should be, what degree should be awarded, what kinds of records should be kept and where, how much administrative time and clerical support should be devoted to a program, and whether such facilities as storage space are adequate are only indirect measures of program activities and as such they may or may not have any bearing on program quality.

In my opinion, the focus for program accreditation should be on whether a program produces a competent graduate. The responsibility for the "humaneness" of the educational process, its administration, its records and facilities, and its curriculum and faculty should rest with the institution in which the program is situated and its overall accreditation. Subsequent certification or licensure mechanisms should be combined with peer and supervisor evaluations to verify the competence of new practitioners. Programs would be evaluated for accreditation based upon the competence of their graduates. Only in this type of process would program accreditation and the Essentials truly serve the function of quality assurance in allied health education.

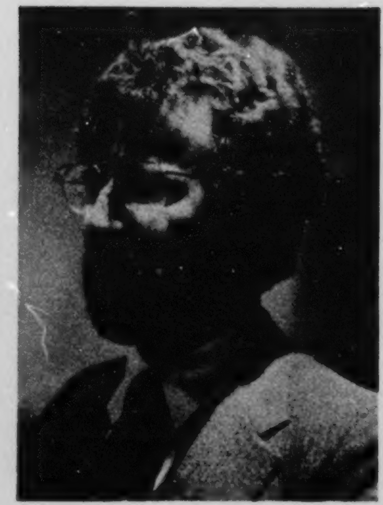
As a dean, I would welcome Essentials that limit themselves to detailing the outcomes necessary from the educational process if it is to "measure up" to professional quality. Essentials would then become a measure of quality and accreditation would become the result of a direct measure of the performance of a program's graduates. The dean and the faculty would be responsible for designing the educational process to address the institutional mission, the marketplace of practice, and the competence of entry level professionals.

I would feel remiss if I failed in this presentation to address the myth that program accreditation is voluntary. Technically, accreditation is not mandatory. If an institution wants to be able to recruit capable students, attract qualified and experienced faculty, and allow graduates to qualify for certification or licensure, then accreditation is essential. In some professions and in some states, licensure is required for practice and graduation from an accredited educational program is a prerequisite for licensure. Institutions of higher education simply cannot afford to offer allied health programs that are not accredited.

Deans of allied health are very much involved in the programmatic accreditation process. Their input to the establishment of Essentials, as they are currently structured, would be valuable in assuring that the operational policies, curriculum requirements, and student services stipulated in Essentials contribute to the overall quality of the educational program. The position of the deans, as the bridge between general institutional administration and the allied health programs, makes their unique perspective valuable to professional groups dealing with educational programs in colleges and universities. On the other hand, if Essentials were to be revised in their structure, as I have suggested, and limited to a specification of entry level competence, the input of allied health deans to Essentials would not be necessary because the profession would clearly define itself in terms of entry level competence. Allied health deans in colleges and universities would have the overall responsibility for assuring that the learning experiences actually prepare students to achieve that competence.

THE SIGNIFICANCE AND FUNCTION OF THE SELF-STUDY: A COMMUNITY COLLEGE ADMINISTRATOR'S VIEW

Thomas D. Klopfenstein



When I was invited to make this presentation, my first reaction was one of excitement. Excitement at the opportunity to address a group of concerned educators on a topic of significant concern to me. As the time for the forum drew nearer, the realization grew that the audience would have at least as much experience in the total process as I have and, further, that they might even hold opinions significantly different from mine on the several sub-processes about which we are speaking today. In presenting my views on the significance and function of the self-study, I have made a concerted effort to assess them and purge those which have no basis in experience--those which may be the result of a hyperactive endrocrine system. This has been no easy task. I cannot claim to have been totally successful. Your assessment of my objectivity will be directly related to your past experiences. I hope my comments will have a significant role in helping to provide a basis for the discussion which follows. Further, I hope this discussion will lead to a change in the way this "voluntary" process of specialized accreditation is effected.

As I move into my presentation, let me first cite two major resources with which I would hope the listener either is familiar or will become so very soon. These are:

1. The recent (1982) publication of the Carnegie Foundation, its essay titled **The Control of the Campus**. This is a report on the governance of higher education. It is available from the Princeton University Press.

2. The **PROCEEDINGS** of the National Forum on Accreditation of Allied Health Education (ASAHP, 1980). The background paper by John W. Schermerhorn is particularly relevant.

I come to this task as the dean of an allied health education division which is part of a comprehensive community college. The college serves more than 10,000 people each year. The six preservice allied health programs serve approximately 350 students. Other courses, seminars and workshops sponsored by the division reach about 900-1000 people. In those programs for which specialized accreditation is a fact of life, we deal with five different accrediting or approving organizations. Each has a published set of Essentials or Minimum Standards with which a program must comply. Each requires some type of on-site visit as a part of the program approval process (to assure program compliance with

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the Essentials). Between these two points (attempting to comply with and having compliance judged) on that cyclic continuum we call ACCREDITATION lies the SELF-STUDY.

To the average person (if such exists), self-study connotes an image of quiet introspection and objective self-assessment--a taking stock of--with the purpose being that of self-improvement. One does not go into the self-study with an a priori position that specific change must follow from the process--change for the sake of change. This approach to self-study is good like "apple pie, the flag, and motherhood" used to be (I think they still are). This attitude toward self-study is good. I trust we would all agree that this type of self-assessment is desirable. If **SELF-STUDY** were truly like **self-study**, I would have nothing further to say. My experience leads me to the conclusion that this is not generally the case.

Self-Study can approach self-study at one extreme and under the most ideal of conditions. At the other extreme, it is a process in which one tries to respond to what appears to be questions which bear little relation to the quality of the product of the program and/or to determine just how much should be included in the response. At this extreme, it is just the opposite of what is intended. It is more often to this extreme that I have seen Self-Study lean than to the other. It is to this extreme that I hope we will address our concerns here today.

The Self-Study proceeds from the Essentials. Right there I have a problem. What do I do about Essentials that have been modified since my institution last sought program accreditation--modified in a manner which neither considered the impact of the changes on my program nor seriously considered input from existing accredited programs. To add insult to injury, the documents which have been developed to aid in the preparation of this Self-Study seem to have been based as much on the Guidelines, those clarificatory statements which usually accompany the Essentials, as they are on the Essentials. If the Guidelines are Essentials, they should be labeled as such and be subjected to the same review and approval mechanism as Essentials. Until such is the case, I will have difficulty accepting them as anything more than advisory. Unfortunately (for me), the average site survey team members with whom I have had contact seems to have little trouble accepting these advisory statements as co-equal with Essentials. Perhaps they think the italicized type was an effort on the part of a well intentioned printer to provide variation for an otherwise uninteresting visual landscape.

What about the quantitative concerns--how much is enough? There are those who subscribe to the philosophy that if it takes more than a modest sentence to answer the question, you are being too wordy. Some call this the KISS approach (Keep It Simple Stupid). At the other extreme, there are those who throw in everything but the proverbial kitchen sink in their attempt to respond. This is sometimes compared with the pattern a shotgun spreads--it's bound to hit something. I can understand why those who have to read these tomes might become discouraged. Self-Study is a massive process. Perhaps it seems to be only fitting that the document which issues from this process itself be massive. Some organizations suggest that the process begin at least one year before the site survey. To the program coordinator going through the process for the first time, such a suggestion might cause visions of a document of truly Herculean proportions. And yet, this amount of lead time may be barely adequate to gather all the information requested in the format specified by the agency involved. A significant portion of these documents address questions which are the province of regional accrediting agencies. Cannot the specialized accrediting agency presume that since the host institution has regional accreditation (or some other type of institutional accreditation) certain standards have been met? In the case of the community college, this institutional accreditation involves review of many areas of common concern, i.e., student services, finances, administration, library, etc.

The educational program is always undergoing some type of assessment. In many states, formal evaluation of the "occupational education programs" is mandated by the state. This usually results from the fact that these programs demand a higher amount of that state's limited resources. In addition, the state continues to have a significant interest in the public welfare as it might be influenced by the graduates of these programs. In addition to this periodic but regular assessment, these programs are undergoing constant scrutiny by the faculty, advisory committee, the graduates, the consumer of the product (the employer) and/or the recipient of the service provided by the product (the patient/client). In my experience, none of these groups has been reluctant to provide information which would be directly relevant to the process of self-study. We place great significance on this type of information. In some respects, this type of input is the most valuable we could hope to receive.

As I said earlier, self-study is like those other things which we refer to as "good." Self-study has the potential for being good in this same context. We have experienced both extremes in this regard. In order to improve the probability of it being of greater value to the program--not a formality to which they must subject themselves--changes nust be made at all levels of the process. As I understand from recent reports, changes are being proposed, discussed, and implemented. I presume that these considerations for change in the process also will have some impact on the Self-Study. As those groups meet to do whatever it is that they do, may I be so presumptuous as to suggest they consider the following:

1. Seek input from those who must undergo the process. Ask specifically how the effort might be made more useful to the institution.

2. Be particularly sensitive to suggestions that the entire process just might have aspects to it which "to the casual observer" appear to be self-serving, protectionistic and possibly border on monopolistic.

3. Scrutinize the Essentials. Where did they originate? To what extent are they based on published, reproducible research which verifies the value of each? Is each essential?

4. Redirect the Self-Study to focus on program outcome information. How well do the graduates function on both cognitive and performance testing? How well do they perform in that employment market into which the majority of them enter?

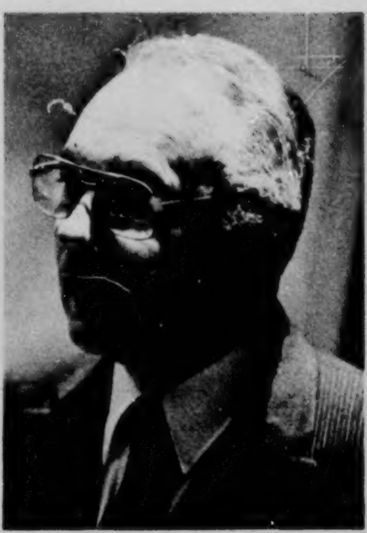
5. Requests for information and data other than program outcome data should be scrutinized closely and justified beyond question as to its relevance in determining program quality. The form in which such data is submitted should be consistent with that form in which the institution keeps such data--not a special form mandated by the agency.

6. The significance of the fact that the sponsoring institution has achieved some type of nationally recognized accreditation MUST be given greater credence by the specialized accrediting agency. In this regard, there are many facets of the sponsoring institution whose adequacy is certified through this status. These include but are not limited to the library, student services, admissions, faculty/employee concerns including instructional responsibilities, financial support and budgeting processes, etc.

7. The cost of the entire process must be given more than passing attention. Cost without benefit is little more than tribute. As one senses a greater degree of benefit resulting from the entire process, the cost in both staff effort and actual dollars becomes more tolerable (perhaps even desirable).

The entire process of the Self-Study must be subjected to self-study. The direction for this process must come, in part, from those who are expected to participate in the process. It cannot be done in isolation. It must be done in the context of the total accreditation process. It cannot ignore the legitimate concerns of the professional organization. Nor can the organization continue to ignore the concerns of the sponsoring institution. And both of these organizations have responsibility to the public they serve. Who knows, perhaps this total process might become truly "voluntary" in spirit as well as in word.

ESSENTIALS AND THE SELF-STUDY: A HOSPITAL PERSPECTIVE



Allen W. Grubb

The reflections and views expressed in this paper relative to the Essentials of accreditation in allied health education and the self study process have evolved from a composite of one hospital education administrator's experiences in coping internally with the accreditation of multiple hospital based education programs.

This experience has involved successful efforts in the acquisition of newly developed hospital based education program affiliation; in the continuous maintenance of established hospital based program reaccreditation; and in collaborative ventures whereby the transfer of previously established hospital based programs to university sponsorship was successfully implemented. Conversely, unsuccessful endeavors resulting in probationary program status and loss of program accreditation (since regained) etc., have also been a part of this composite.

Such exposure causes one from a hospital perspective to entertain certain viewpoints about the accreditation process in general, and the Essentials and self-study mechanism in particular. Admittedly, such views may not be generalized to all hospitals, but it is suspected such views are not unique in today's hospital setting. The purpose of accreditation with its inherent values as well as its imperfections are known to all who have responsibility for implementing relevant allied health education programs which produce competent allied health professionals.

Essentials

One would hardly argue about the efficacy of having minimum standards for accrediting education programs. Such standards furnish, for the most part, desirable guidelines which can contribute to some measure of uniformity in the preparation of practitioners in a given profession. In hospitals these are especially useful in bringing about institutional commitment and educational accountability in the development of educational programs. Historically many hospital based education programs were developed as a result of a sometimes self-serving need to acquire specialized health manpower which was frequently in short supply. In such development the Essentials, along with the self-study

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mechanism served, and still do, to insure a more qualitative commitment to educational preparation as opposed to the initiation of programs solely for purposes of applying a short term quick fix to manpower shortages. In addition,the Essentials are significant in serving as guidelines to those individuals charged with the responsibility for developing and implementing education programs, whose previous primary responsibilities were those of a clinical practitioner. Generally the Essentials per se are a vital component in the accreditation arena in helping further quality education, and in a broad context, progress and improvement in their nature and application is being evidenced. None the less, from a hospital perspective, imperfections do exist and the dilemmas raised by such imperfections are apparent in terms of developmental input from employers, flexibility, and obstacles which at times stifle unique and innovative educational efforts.

One concern focuses on the issue of employer input into the promulgation and/or revision of the Essentials. Too often Essentials are developed with scant attention paid to the perspective of the hospital, both as a purveyor of education programs and as an employer of the products of those programs. Particularly is this apparent in the areas of program sponsorship and curriculum determination.

Currently the Essentials determine program sponsorship with a prevailing tendency to limit such sponsorship to accredited institutions of postsecondary education. In cases where the sponsorship requirements have changed, hospitals with long-standing fully accredited hospital based programs may be unable to change to university sponsorship, thus signaling a program's demise. Many hospital based programs, with their small numbers of students, do not readily lend themselves to university sponsorship because of today's economic realities and cost feasibility. Innovation in collaborative sponsorshop arrangements between a university and a hospital based program tend to be discouraged and often forbidden. There are those who contend that either one institution or the other has to assume sponsorship for quality control, educational accountability and degree granting purposes, and co-sponsorship arrangements cannot bring these measures about. While it is true that generally this is a valid contention, there do exist hospital-university working relationships imbued with a high order of collaboration, mutual trust and harmony whereby unique, innovative ventures in co-sponsorships have been successfully accomplished. Accomplished and maintained, that is, until the requirements for sponsorship were revised, thus eliminating a successful modus operandi.

Today, particularly in larger hospitals which are those institutions most likely to be involved in operating multiple hospital based allied health education programs, there are professional education managers being employed to administer and manage the total educational system of the institution, of which allied health education is a part. This development does engender the mechanisms and safeguards necessary for educational quality control, program review procedures and provides the capability for long term commitment, stability and direction for the educational program. Recognition of this development needs to be considered by those influencing the Essential requirements for program sponsorship. If the requirement of accredited educational institution sponsorship expands in its restrictiveness, hospital programs not complying will no longer be accredited.

A decrease in hospital based accredited programs could eventually impact manpower supply, particularly if one considers the fact that the majority of CAHEA accredited programs are still hospital based.

The Essentials relative to curriculum determinations is another issue of concern from a hospital perspective, particularly when one considers that the largest employers of allied health professionals are hospitals. For the most part it would appear that the educational preparation requirements are developed and established via the Essentials by professional organizations, medical specialty groups, etc. with less than adequate attention to employee needs. Insufficient opportunities for input from the hospital-employer perspective into the determination of education preparation requirements are believed to prevail. The Essentials often specify the length and level of the educational program, and movement is afoot in some professions to raise the requirements of entry-level educational preparation. Programs may be lengthened because of the influence of numerous special interest groups and for a variety of reasons, not all of which relate specifically to "real world" occupational requirements or skills needed for competent performance. In an age of limited economic resources and the increasing financial constraints threatening the very survival of the hospital as an institution, it would seem curriculum requirements based on more realistic assessments of job content and careful task analysis of an occupation in terms of reality oriented needs for knowledge and skills should be given more consideration than perhaps has been done in the past. Such consideration implies more comprehensive means beyond the limited open hearing mechanisms for garnering hospital input from the employer viewpoint into the formulation of essential requirements for the educational preparation of allied health personnel.

On the whole the Essentials serve a useful purpose and provide a viable means to insure quality education. However, some measures need to be taken resulting in more uniformity and standardization that apply where possible to all allied health programs accredited under the CAHEA umbrella, and a more concentrated effort and means established to accommodate the "grassroots" hospital perspective when the various Essentials are put in place or revised.

More of the concerns relative to the Essentials are alluded to from the hospital based perspective when one looks at the mechanisms for procuring accreditation and reaccreditation, namely the self-study and the site inspection process.

Self-Study and Site Survey

The self-study process as it is currently prescribed can be both a valuable and beneficial process, or an expensive and sometimes unproductive formality. This dichotomy depends in part on the lack of consistency in requirements among some allied health groups in the use of educational terminology, differing educational philosophies and viewpoints, and the variety of procedural formats required in implementing and reporting a program's self-evaluation effort. Some professions have clear guidelines for conducting, documenting and reporting the self-study requirements and others do not. Although notable improvements seems to have been made in bringing about some standardization of the process in recent years, the need for marked improvement is still obvious. When reviewed from a hospital administrative perspective involving accreditation of multiple hospital based education programs, the entire process with its attendant tasks is still very costly and cumbersome.

To illustrate some of the perplexities associated with the self-study process and the site survey verification, a sample of occurences based on actual experiences of one hospital involved in multiple educational programming is listed below. Again these happenings perhaps cannot be generalized as common dilemmas of all hospitals, but one suspects they are not too atypical of the situation.

- The preparation and submission of four applications and forms for accreditation or reaccreditation; four Self-Study Reports and hosting four site inspection visits plus annual reports and dealing with the recommendations and actions of four different review bodies; all for an aggregate student body of approximately 60 students.

- CAHEA action completely opposite from both the reported assessment and recommendations of the on-site inspectors and subsequent joint review committee recommendations.

- Lack of response from a joint review committee following numerous letters and phone calls to clarify the meaning of certain listed deficiencies noted.

- One four hour site survey inspection.

- Varying lead times given to implement and submit the Self-Study Report, ranging from six months for one program to 18 months for another program.

- One program receiving notice of reaccreditation status seven months after CAHEA acted and accorded continued accreditation to the program.

- One program receiving less than the maximum period of accreditation with no explanation given, nor any previous indications of such action suggested.

- Differing interpretations of Essentials by site surveyors inspecting the same program.

- Approval of a hospital educational administrator as a program director of one program but non-approval in another program. This points out an inconsistency, since in neither case was the administrator an allied health professional.

- Inexperienced site visitor with little knowledge of the non-discriminatory laws and regulations and legal implications to be considered in hospital-university affiliating agreements.

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- Site visitors from academic settings who possessed very little knowledge about hospital operations and their relationship to the educational program.

- Surveyors judging a program in light of what occurs in the surveyors' program instead of by a set of established standards.

In essence the self-study process needs to be reviewed with an eye to developing some standardization in survey procedures as well as more attention to coordination of inspection visits involving hospitals with multiple programs. Existing guidelines for implementing the Self-Study should be reviewed and simplified, and where such guidelines are non-existent they should be developed. Consistent educational terminology should be utilized among the various committees and their constituent groups. Clarification of terminology and consistency in its use might help to avoid differing interpretation of the Essentials and standards employed in determining a program's efficacy.

Better communication between CAHEA, the joint review committee, and the hospital based program officials needs to be promoted. Changes in Essentials and other requirements and procedures pertaining to the accreditation process need to be communicated in a highly visible manner well in advance of their implementation. Currently such communication is fragmented and piecemeal at best, often communicated to the wrong people and subject to conflicting responses to follow up inquiries. It would appear CAHEA could offer a valuable service in helping to bring some order and consistency to the methods of communicating critical information.

More effort should be put forth to insure that site surveyors are adequately trained in the accreditation process and in effectively conducting a site visit. More professional educators per se ought to be a vital complement to the survey teams in order that the educational process, methodology and appropriate educational technology can be assessed. Practitioners in the allied health professions, by virtue of their occupational expertise and responsibilities, often focus primarily on the profession's technology with less attention being given to the content and technology of education per se. A nurse educator, for example, is not the same as an educator nurse.

Finally, a dilemma facing a hospital in the realm of allied health accreditation is the seeming lack of consideration (on the part of those who control the accreditation process) for the total missions and goals of the hospital institution itself, or the local or regional needs it attempts to meet. Individual professional groups tend to focus their attention on their own profession and this concern permeates the accreditation system, and the processes and procedures used to perpetuate its efficacy. As a result a cohesive, efficient and cost effective means to achieve the purposes and goals of accreditation in a responsive way is not yet in place. Unfortunately from a hospital perspective the sands of time are rapidly running out in terms of the resources necessary to play a full partnership role in the allied health education arena.

A RESPONSE TO PAPERS ON INTERNAL CONCERNS: ACCREDITATION AND THE MARPLOT EFFECT

Samuel H. Hope

Webster's New Collegiate Dictionary defines marplot as "one who by his officious interference, mars or frustrates a design, plan, or plot."

Far from being a plot, as some are unremitting to suggest, the American accreditation system represents a unique design or plan for developing the quality of higher education in the United States. Overall, the accreditation system works extremely well. It has assisted in the building of the finest system of higher education in the world. It has done so by working to ensure that quality consideration accompanied realization of our national policy goal of providing the benefits of higher education to a larger percentage of our population. More Americans are afforded the opportunity of self-realization through advanced education than the citizens of any other nation.

We in higher education should be proud of our accomplishments, work from a more positive base in approaching or problems, keep reminding ourselves that cynicism is not equivalent to sophistication, and, in general, be kinder to one another, eschewing the confrontation mode of conflict resolution.

It is no secret that every great and productive human enterprise includes problematic conditions. Accreditation is no exception. One of the most pernicious of these conditions I describe as the marplot effect.

A full case of the marplot effect progresses as follows: officiousness creeps in, means become ends, polarization results, propaganda wars begin as factions, vie for control, reason is lost, and a war of all against all is conducted until there is dissolution and/or the emergence of a new structure.

Whatever the outcome, advanced stages of the marplot effect cause any enterprise to lose significant time, energy, resources, and respect. Like any disease or problem, the best hope for cure is early diagnosis and treatment. The distinguished papers of Mary Lee Seibert, Thomas Klopfenstein, and Allen Grubb all present various evidence of the marplot effect in the CAHEA system. They have performed a valuable service by pointing out the problems which exist from their perspectives. It is only by having concerns honestly expressed that any system can begin the process of evaluation and negotiation which adjusts that system and brings it into appropriate working balance.

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However, I am concerned about the tone of these three papers and especially the tone of some of the other papers presented for this conference for they indicate that the marplot effect may be beyond its early stages in the CAHEA system. I suggest that everyone present should be encouraged by the opportunity this conference represents for diagnosis and treatment.

Since I am neither scientist nor technologist, I cannot evaluate the substance of the CAHEA Essentials and self-study process. These are based in the various disciplines and professions which you all practice, and work on substantive matters is best left to those with professional levels of expertise in the areas involved. Therefore, in response to these excellent papers, may I offer four principles which I hope will be useful to your further deliberations and which will assist you in diminishing the influence of the marplot effect.

1. The governance and operation of accreditation is a shared responsibility.

   As a society, we are too obsessed with the concept of "control." This is both a source and a result of the overpoliticalization, and thus, polarization, of every aspect of American life. The substantive work to be produced by an operation too often becomes subordinate to issues of control and power politics. The entire education system continues to be severely damaged by debates over control which diminish attention to results.

   In any case, accreditation simply will not work unless it involves a sharing of responsibilities by those directly concerned. Participation and negotiation are the underlying principles for the governance of accreditation. All three presenters suggest the need for improvement in the CAHEA system in this regard; thus, the issue deserves analysis.

   I must disagree with Seibert and Klopfenstein's assertion that institutional accreditation, especially in the case of multi-purpose institutions, signifies the presence of library and financial resources or the fulfullment of instructional responsibilities for specialized programs.

   The institutional agencies are simply not structured to do this. It is not even their objective. These curricular and support areas can only be reviewed by those with the expertise to do so, and these experts work primarily with the specialized agencies. However, I agree with Klopfenstein's point that duplication in reporting needs to be reduced as much as possible, and that all elements of the review need to be centered on the needs of entry-level professionals.

2. The focus of accreditation should be on assisting institutions to produce a quality educational product.

   A hazard of the road in specialized accreditation is the temptation to be diverted from a focus on educational quality to a focus on establishing or achieving a more positive image and/or economic position for a profession.

   Of course, interrelationships exist between educational quality and professional image, but the mixing of these two agendas without careful thought and deliberation is one of the primary sources of the marplot effect in specialized accreditation. This is especially true as new fields of specialization work to establish credibility.

Even when the focus is ostensibly on educational quality, there is often a tendency to mistake rigidity or strictness for quality. Seibert alludes to this by asserting that "Essentials have become more vague, while at the same time accrediting associations are more stringently evaluating programs' compliance with them."

I agree wholeheartedly with Klopfenstein's plea for the distinction between Essentials and interpretive guidelines. Interpretive guidelines too often become mischievous in their contribution to the marplot effect, especially if they are ratified through a less comprehensive review process than the Essentials.

I do not believe that specialized accreditation should be based solely on "outcomes." Assessment of an institution's ability to provide quality education is much more complicated than totaling scores on standardized tests.

3. In reviewing the work of institutions, the accreditation process must be careful to focus on functions to be achieved rather than particular methods of achieving those functions.

The accreditation process should be encouraging those who are developing uniquely successful methods for their own situations. We must remember that the procedural paraphernalia supporting and surrounding education (that is, government, accreditation, publication, legislation, faculties, degree programs, standards, libraries, curricula, faculty meetings, etc.) are not in themselves education, nor is the increase or adjustment in the paraphernalia or their operating procedures automatic evidence of either quality or improvement in education.

The quality of institutionalized education and its improvement consists of two equal parts: (a) the components necessary for both education and improvement and (b) the will and means to develop these components for educational improvement.

Improvement, quality and education are achieved fundamentally by the individual.

Principally, such achievements are due to the individual will toward improvement; quality and education and the means to act positively upon this will.

A successful educational institution is really a rather fragile thing. Its components and their interrelationships are difficult to assess, and in many respects the enterprise is not subject to description or verification by scientific methods. Therefore, the most successful accreditation efforts seem to demonstrate an attitude of service rather than control, a posture of humility rather that arrogance, and an operating philosophy of partnership rather than of officious surveillance.

4. Professional accrediting agencies must have operating procedures and approaches which work to achieve a climate of negotiation and cooperation among their constituencies.

   Accreditation operations must be rigorous in keeping the process centered in substance and not diverted by tensions over unprofessional practices. The rather standard list of accreditation horrors mentioned in the Grubb paper cannot ever be justified when they occur. The question is not whether these practices are acceptable: they are not. The question is how often they happen in the work of a particular agency. If they happen frequently, a thorough analysis must be undertaken to find the problems and correct them.

   The CAHEA system is a complicated one and, as I understand it, represents a beginning step toward coordination of allied health accreditation. Coordination is always difficult because of the political problems which attend it.

   While an agency must do its part to continue addressing issues and concerns, patience and understanding on all sides are an essential defense against the marplot effect while efforts to coordinate proceed. As long as progress is being achieved in developing mechanisms to improve the quality of allied health education while, at the same time, seeking the most efficient and least intrusive way of doing so, individuals wherever their position in the system should take a mature approach and accept the fact that even in the best of circumstances there will be those petty annoyances concomitant to any process encompassing so large a domain.

   While we all wish to achieve an ease of operation and accountability for ourselves in our specific situations, we must also look to our roles as contributors to more national efforts, realizing that some degree of frustration simply goes with the larger benefits which we all enjoy.

Of course, the realization of operations under these principles is a continuous and complicated process which works in a context created by a variety of events and enterprises. In closing, may I suggest two points in this regard:

1. The higher education community must beware of those carrying on a continuous campaign of vilification against specialized accreditation

   In eight years of experience with the specialized accreditation community, I have seen the chief staff officers of specialized accrediting agencies in every discipline working continuously to share information, to debate issues, and to improve the service that specialized accreditation renders to the cultural and scientific growth of American civilization.

   We all recognize that specialized accreditation presents challenges in policy development for higher education in the United States. We also recognize that there are conditions in specialized accreditation which need remediation at the earliest possible time. These conditions are no different in principle from those existing in higher education, in the foundations, in the arts, in the medical profession, and indeed, in every other profession in society.

Yet, the degree of generic negativism about specialized accreditation as expressed in published papers on accreditation seems out of proportion, if not ideologically motivated.

Since I am sure it will be referenced many times during this conference, I want to assert that the recent Carnegie Corporation Report entitled "Control of the Campus" is the latest example of gross unfairness in presenting issues related to specialized accreditation. There is not one word in the report which recognizes the tremendous contribution specialized accreditation has made to the high quality and integrity of American professional education, attributes that are recognized throughout the world. The Carnegie report, insofar as specialized accreditation is concerned, represents disinformation and agitation propaganda. It should be rejected as the basis for any serious policy consideration. The report is an embarrassment to American higher education, to the Carnegie Corporation, and to the American people. It proposes nothing less than a denial of the right of the organized professions to have any significant participation in the development of American higher education.

2. The national discussion about accreditation needs to be raised to a higher level of sophistication and effectiveness.

Too many papers and research projects on accreditation are not of the intellectual quality that the subject deserves. Many are simply prolix and propagandistic statements of partisan views. Research is too often based on the reporting of plebiscites of varying degrees of sophistication concerning the operational aspects of the accreditation system.

Many statements are simply reactions to the marplot effect as experienced in individual circumstances. These, in a continuing series, present a much darker picture of the accreditation system than is either accurate or good for the continuing welfare of American higher education.

Another problem is the "buzz concept," an extension of the "buzz word." There are phrases like "validity and reliability," "outcomes criteria," and "public accountability" generally used in contexts which imply that these concepts are not present in accreditation. These issues need to be more fully debated from a policy perspective. They rarely receive serious intellectual attention. This is tragic because instead of serious policy thought on the issues, we have a parade of "buzz concepts" serving as frameworks for sanctimonious bleats about the need for improvement in accreditation. This accomplishes little.

In order to address the need for an improved national discussion, I have recommended that the Council on Postsecondary Accreditation develop a project to produce a national research agenda for accreditation. If successful, this could assist in placing all of us more in the center of the liberal traditions of negotiation, shared governance, checks and balances based on real debate from a foundation of common principles.

If accreditation policy is to be structured to serve our democracy, it cannot be formulated by undemocratic methods. We must forego the techniques of

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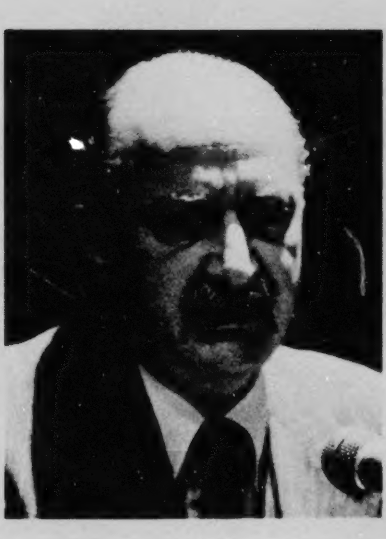
agitation propaganda which string together a negative but often factual series of events or situations to produce false impressions and misinformation, this to serve as a lightning rod for moulding individual frustrations into an angry mob which demands power redistribution in favor of the propagandists. These are the techniques of totalitarian states and we must not let them become common practice in any aspect of policy development for American higher education.

The problem is that the marplot effect is with us and, if uncontrolled, it creates conditions susceptible to the machinations of such propaganda technique. This circumstance makes your conference doubly important, for there is no time to lose for any group in specialized accreditation. We must all make sure our operations deserve the respect of our immediate constituencies and the public, this as a basis for answering those who remain opposed to us overtly or covertly, no matter what we do.

Thank you for the opportunity to take part in this significant occasion. I wish you well as you work together to develop the quality of allied health accreditation which is so vital to the welfare of the American people.



A RESPONSE TO PAPERS ON INTERNAL CONCERNS

Thomas J. DeKornfeld

I am very pleased to have been asked to respond to the papers by Seibert, Klopfenstein and Grubb, from the perspective of the Chairman of a Joint Review Committee. In this role I have been responsible for the creation of Essentials, for the evaluation of self-study documents and applications for the implementation of the accreditation process.

Let me take the three papers in sequence. Dr. Seibert addressed herself primarily to the Essentials from the perspective of a Dean. She laments the intrusiveness of the Essentials and comments unfavorably on the duplication, cost, and general lack of foundation which most Essentials seem to share. I am in total agreement with almost all her points. I also feel that the Essentials are unnecessarily intrusive, are almost totally process oriented, lack scientific validation and are expensive. I share her hope that revisions of Essentials will recognize these points, will accept institutional accreditation as sufficient to document adequacy of facilities and services, of fiscal responsibility and due process assurance.

I believe that Essentials should be product oriented, be validated by the most reliable testing mechanisms and should limit themselves to a clear delineation of entry level knowledge and skills which are necessary for an acceptable level of cognitive, psychomotor and affective behavior on the part of the graduates. In order to accomplish this, Essentials should be simple, guidelines should be elaborate and input into the Essential revision process should be broadly based among educators, educational administrators and consumers.

The presentation of Dr. Klopfenstein is also very good, since I agree with much he has to say on the "self-study" process and the resulting document. I am in complete agreement with Dr. Klopfenstein in that the Self-Study is rarely a self-study and is usually a giant assembly of useless and uninteresting information gathered exclusively for the benefit of the accrediting agency. What the self-study should be is an ongoing self-assessment by the program faculty. It would seem unnecessary to mandate this since enlightened educators would wish to do this without external pressure. Unfortunately this is not the case in many institutions and it is the rule rather than the exception that programs subject themselves to careful scrutiny only when they have to. The stagnation of many programs and the occurrence or reoccurrence of numerous Essentials violations are painful testimony to this observation.

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In view of this, "self-study" has to be mandated but it should be limited to an ongoing examination of the outcome objectives and of the methodology which will give some assurance that these objectives will be met.

The seven points which Dr. Klopfenstein makes can be answered briefly.

1. Input should be sought from the educational community.
2. The process should never be "self serving."
3. The relationship of the self-study to the Essentials should not be servile but complementary.
4. The self study should be outcome orientated.
5. The form in which data are requested should be flexible and where possible, be keyed to whatever system the program ordinarily uses to develop such data.
6. Self-study should not duplicate data provided to other accrediting agencies.
7. If done properly, the cost should be low and the benefit considerable.

The presentation of Dr. Grubb raises some difficult questions and it is the only one of the three presentations with which I have a profound disagreement.

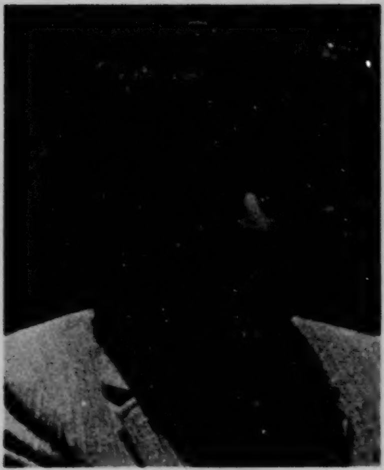
I have felt for a long time that a hospital is a health care facility and not an educational institution. With very few exceptions it has neither the educational expertise nor the appropriate funding mechanism to operate basic educational programs. In addition, the motivation to start programs is frequently self-serving and the danger of student exploitation is significant. It is difficult to justify the cost of hospital based programs since these costs serve only to increase the already intolerable cost of health care.

The role of hospitals should be to provide the opportunity for clinical learning experiences under carefully controlled and supervised conditions and under the sponsorship of a legitimate and accredited educational institution. The cost of clinical education should, therefore, be borne by the educational institutions and should not be buried in the charges made to patients.

Another major objection against hospital based programs is that the lateral and vertical mobility of the graduates is severely limited.

The comments made by Dr. Grubb concerning the Self-Study and the site surveys are typical. We can all recall anecdotes of incompetence, inconsistency and downright crass stupidity. These are hardly representative of the thousands of site surveys done over the past ten to fifteen years. We are all in agreement that improvements can and should be made. I believe Dr. Grubb will agree that most Joint Review Committees have made very significant improvements and continue to do so.

Let me conclude by saying that from my perspective the "Essentials" should be outcome oriented, minimally intrusive and valid; the Self-Study should be just that; and totally hospital based programs should be gradually replaced by college based programs.



THE CAHEA ACCREDITATION SITE VISIT AND REVIEW PROCESS: A TWO YEAR COLLEGE PERSPECTIVE

Gerry Kaminski

I. Introduction

In this paper I will attempt to express the views and concerns of a wide range of allied health educators from two year institutions. Many members of the Two Year College Interest Section of the American Society of Allied Health Professions (ASAHP) and of the Ohio Assembly of Technical and Community College Health Career Administrators have contributed ideas for use in this paper.

I have been asked to discuss the site visit and review process components of CAHEA accreditation. These two components are part of a comprehensive process which attempts to recognize quality educational programs. Such programs are defined as those meeting the appropriately accepted Essentials or standards in a specific programmatic area. The Essentials are, therefore, key factors in the entire CAHEA accreditation process. Many of the concerns expressed by two year institutions regarding programmatic accreditation relate directly to the Essentials. The Essentials should be carefully validated and clearly written. Difficulties with the site visit and the review process can be classified into two categories: related to the Essentials and unrelated to the Essentials. I will primarily discuss the latter category.

II. The Site Visit

Most allied health accreditors and educators would agree that the site visit should have as its major purpose the validation of the Self-Study, allowing the visitors to objectively confirm and verify the strengths of the program and the areas where improvement is needed. It should also provide an opportunity for both the site visitors and the institution to clarify any questions raised by the review of the Self-Study. Unfortunately this ideal of a site visit is often not achieved.

The most frequent concerns listed by two year colleges which will be discussed in this paper regarding the site visit are:

1. a clearly negative and critical attitude of site visitors;

2. inadequate or no preparation by site visitors;

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3. lack of understanding of the institutional mission and the relationship of the mission to the state system of higher education;

4. insensitivity to the constraints posed by the size, location, manpower base, etc., of the local community;

5. insensitivity to the cooperative relationship between the college and the clinical affiliate;

6. lack of agreement between site visitors as to the correct interpretation of the Essentials.

The concerns listed, which will be discussed separately, are common to both small allied health units and large ones with many programs. Multiple program sponsors, however, have additional concerns which are most often related to the great variability between programmatic accrediting agencies in preparation for, conduct of and follow up of the site visit. A multiple program sponsor with six to eight separately accredited or approved programs may conceivably have two to three visits in some years with at least one visit every year. A survey of two year institutions completed by ASAHP in 1981 indicated that 35% (102 institutions) among 291 respondents had five or more separate allied health programs. Clearly a great number of two year institutions are multiple program sponsors. When the concerns listed are amplified by frequent site visits and variability among agencies, the issue of the site visit becomes a significant one for these multiple program sponsors.

A. Site Visitor's Attitude

The visit should begin with an appreciation by the site visitors of the significance of an institution seeking programmatic accreditation. An institution does not seek external review and programmatic accreditation unless it values, for various reasons, the "stamp of quality" which comes with achieving the accreditation. The attitude of the site visitors should thus be positive and supportive, not negative and denigrating. Clearly, it is possible to identify a problem of some type even in the best of programs. Some site visitors, however, seem to have the perspective that unless they identify some problem with every program they are not doing their jobs properly. In the ideal, site visitors should be facilitators in the process of recognizing high quality programs and guiding other programs to appropriate levels of improvement.

B. Site Visitor's Preparation

The ideal site visitor will have a personal and professional commitment to preparation for the visit. Such preparation should include a thorough review of the Self-Study Report and supporting documents. If after such a review, the team identifies and agrees upon areas of particular concern that they wish to clarify with the institution, it would seem most reasonable for them to inform the institution prior to the visit. This would allow the institution to arrange for the appropriate materials and staff or students to be available for the visit.

C. Institutional Mission and Community Characteristics

A thorough understanding and sensitivity to the institutional mission and environment is essential for the site visitors. This area is of particular concern to two year institutions who have been frequently visited by reviewers from universities or physicians whose exclusive professional and/or educational experience has occured in an academic health science center. These individuals may have had little or no experience with a two year college program or a small community hospital and may not support or really understand the underlying philosophies and missions of these types of institutions. Similarly inappropriate is the situation where the site visiting team is from a major metropolitan area and is being asked to evaluate a program in a small rural area or vice versa. Two year colleges take pride in their ability to be responsive to local needs and demands. Such a responsive attitude will frequently require creative approaches to programming. This situation may be particularly critical in a rural or inner city institution. A site visitor from a university with a national or state wide mission may have no appreciation of the need to be filled in the community and may have no willingness to look objectively at alternate modes of meeting the Essentials in order to serve this need.

D. Clinical Affiliates

Another area of major concern is the impact site visitors can have on clinical affiliates. Site visitors should be sensitive to the sometimes delicate balance of cooperation that exists between an educational institution and a clinical affiliate. The program involved may have existed in the community for many years and will continue to exist and work with the community long after the site visitors leave. It is entirely inappropriate for site visitors to antagonize a clinical site through their casual and thoughtless negative comments which may be made directly to the clinical site personnel. It is, however, certainly appropriate to evaluate the apparent quality of the clinical experience at a particular site and to facilitate improvements which might be needed through communication with the program faculty.

E. Interpretation of Essentials

Ideally site visitors should be objective and thoroughly familiar with the Essentials. In addition to familiarity with the Essentials, they must have a common understanding of the interpretation and application of the Essentials. One of the most frustrating situations that many of us have experienced is the case where the site visitors disagree over whether the program meets the Essentials in a particular area. Apparently the most common case where this might occur is a circumstance where a program is meeting an Essential with an alternative approach that one of the visitors might not even have considered. Such an occurrence can degenerate to a solution based on the strength of the personality of the two visitors with no relationship to an objective assessment.

In concluding my comments on the site visit I believe that there are two last significant questions that deserve attention. These are: 1) the necessity of a site visit at all, and 2) the necessity for a site visit after initial accreditation. As many of you are probably aware the American Dietetic Association (ADA) does not require site visits for approval of Dietetic Technician programs. The process used by the ADA does seem to achieve much the same goal as the CAHEA process without the site visit.

If one, however, accepts the necessity for a site visit, one must carefully consider the value of multiple site visits over a period of years. Is it really necessary to revisit a program with full accreditation or accreditation with minor qualifications in three or five years? If graduates of the program have been passing the national certification examination and if changes in the program have been regularly reported, why must the institution be revisited? A system which is designed to initiate a reevaluation with a new Self-Study and site visit when the program's graduates demonstrate a decreased ability to perform on the certification or licensure examination would certainly be a logical improvement on the current system.

III. The Review Process

I have also been asked to comment on the review process. As with the site visit which is dependent on the clarity and validity of the Essentials, so the review process can only be effective if the Site Visit Report is accurate, objective, and thorough, and if the review is also objective.

Four major areas of concern are listed by two year colleges regarding the review process:

1. no opportunity for appeal of a decision of accreditation with qualification or probationary accreditation;
2. the duration of accreditation granted;
3. the degree of variability in the process and the results of the process from one joint review committee to another;
4. the lack of protection against misinterpretation of the content of the Self-Study.

Each of these areas of concern will be discussed in more detail in the information which follows.

A. Opportunity for Appeal

CAHEA has developed a comprehensive, fair and objective procedure for appeal of decisions to withhold or withdraw accreditation. One of the most common concerns expressed about the review process, however, is the lack of opportunity for an institution to appeal judgments which result in an accreditation with qualification. Most colleges feel that such a decision reflects negatively on the institution. The CAHEA process which does not allow for appeal of an accreditation with qualification decision seems to imply that such a decision is indeed not an adverse one. Yet this view is clearly not shared by educational institutions.

In such cases programmatic staff frequently feel that the review committee or the site visitors may have misinterpreted information in the Self-Study or information gathered from the site visit. It seems appropriate for CAHEA to consider some form of appeal in such a case. A simplified form of the full appeal process utilizing a neutral third party mediator could allow an objective examination of the institution's concerns over the qualification without requiring a comprehensive and costly appeals process.

B. Duration of Accreditation Granted

One of the most frustrating situations with which an institution has to deal is the granting of accreditation with a very short duration, i.e., one to three years. Such a decision requires that programmatic staff begin work almost immediately on a new Self-Study while attempting to address any specific concerns noted about the program. Seldom is a program weak in all or almost all areas. Yet granting of a relatively short accreditation period requires the initiation of the full process for self-study which might actually result in less time being spent on specific areas of weakness in order to fully review all areas of the program. It would seem reasonable to assume that an accreditation of one to three years duration should be granted only with very careful documentation of overall weaknesses in a program.

C. Variability in the Process and Results

This area of concern is of significant importance to multiple program sponsors. While CAHEA has brought considerable uniformity to the process and results of the review, there is still considerable variation from some review committees to others in the implementation of the process. When an institution is dealing with a large number of joint review committees, the variability in their procedures can become confusing, frustrating and costly. The areas of variability include: 1) procedures for the request for accreditation, 2) the format of the Self-Study, 3) the review of the Self-Study and the results of this review, 4) the organization and conduct of the site visit and the site visit follow-up, 5) the review of the report of the site visiting team and the mechanism for consideration of this report along with the Self-Study to determine the accreditation decision, and 6) the actual communication of the final decision.

The complexity and the variability of the review process is likely to create a significant degree of confusion in institutions with multiple programs. This situation is exacerbated when an institution is newly involved in allied health education.

D. Misinterpretation of the Self-Study

This concern is not applicable to all programmatic areas. Some joint

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review committees provide for an opportunity to review and comment on the critique of the Self-Study. This opportunity is a very valuable and reasonable step in the review process. It is a consideration which can be addressed at the time of the site visit as well. What is important, however, is that the opportunity is presented for the institution to clarify any misinterpretations of data or other descriptive material presented in the Self-Study.

Misinterpretation of the self-study information is a serious danger particularly when a program is attempting any type of innovative approaches. Frequently two year colleges fall into this category and are, therefore, particularly susceptible to such misinterpretations.

In closing it is important to note that CAHEA has over the years made significant progress in improving the allied health programmatic accreditation process.

AN EXAMINATION OF THE SITE VISIT AND REVIEW PROCESS: CONCERNS OF MULTIPLE PROGRAM SPONSORS

Gary D. Aden

Introduction

The word accreditation brings several different thoughts to mind. First, accreditation is a legitimizing process. It enables an institution to say that the accredited program meets criteria set by experts in that particular field. Second, accreditation is an affirmation process. The institution receives impartial assurances that the particular program is of the quality for which the institution strives. Third, accreditation can be a hassle. It involves preparation which is oftentimes extensive; it necessitates accommodation to surveyors during the site visit, a courtesy which sometimes borders on obsequiousness; and it can result in some trepidation as the results of the survey are awaited. The site survey, especially, takes people away from their busy day-to-day schedules for the period of the survey and saddles them with additional tasks.

When the positives are balanced against the negatives, however, there is little argument that accreditation is a most valuable adjunct to the educational process. To fully appreciate the value of the accreditation process, we only need to go back to the turn of the century and review the Flexner Report to see what can happen to professional education when strong oversight is lacking.

Pennsylvania Hospital Experience

Pennsylvania Hospital has a long and treasured history in medical and allied health education. The hospital is a major teaching affiliate of the University of Pennsylvania Medical School. It plays both a clinical and didactic role for the medical students. In addition, training for over 100 residents per year is carried out there. The hospital has also been active in nursing education. At one time, the hospital had two schools of nursing. The hospital has played an important role in the training of nurse anesthetists, radiologic technicians, laboratory technicians, respiratory technicians, etc. At present, the hospital's efforts in the education of allied health personnel concentrate on the clinical aspects of training. An examination of Pennsylvania Hospital's evolution from a sponsor of didactic programs to a provider of clinical experience is instructive vis-a-vis the issue of the site survey and review process.

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Respiratory Therapy

In the mid 1970s, Pennsylvania Hospital and the Hospital of the University of Pennsylvania sponsored a joint respiratory therapy program requiring one year for completion. The didactic portion of the program was conducted at Pennsylvania Hospital. A 1978 site survey by the Joint Review Committee for Respiratory Therapy Education recommended that the program employ a clinical coordinator. The benefits to be derived by this additional expense were reviewed carefully by the Medical Director of the Respiratory Section, the Director of Respiratory Care, and hospital management and it was decided that the objectives of the hospital would not be furthered by complying with the recommendation even though it was acknowledged that the quality of the program would not remain satisfactory absent compliance. The end result was the loss of accreditation for the program and closure.

This did not dampen the hospital's desire to continue in the education of respiratory therapists. The hospital is now involved as a clinical affiliate of the Community College of Philadelphia in a respiratory therapy program which is accredited by the Committee on Allied Health Education and Accreditation (CAHEA). This has worked out well for all parties. The new program is better designed to ensure that the students are adequately instructed in the clinical aspects of the field.

Nurse Anesthetists

For a number of years, Pennsylvania Hospital sponsored a nurse anesthetist school. This program was accredited by the American Association of Nurse Anesthetists. The accreditation process involved a self-survey (requiring approximately 40 hours to complete) and a two day site visit survey which included clinical observations, examination of records, review of the program with hospital management, etc. In its most recent survey, the American Association of Nurse Anesthetists gave high marks to the school's clinical program. However, the survey determined that the didactic portion of the program did not meet the standards set by the accrediting body. Part of the reason for this failure was that the program lacked personnel specifically assigned to the educational component. The individuals who were involved in the program did so as an addition to their normal professional responsibilities. To bring the program into compliance would have required, at a minimum, the addition of a properly credentialed education coordinator and a full-time secretary. The correction of this as well as other deficiencies cited in the survey could have required additional expenditures approaching $100,000. An appeal was taken and the argument was made that proper results were being achieved despite the lack of compliance. This argument did not prevail and the school closed in 1982.

Pennsylvania Hospital's School of Nurse Anesthetists was not the only area program to lose its accreditation. Of ten schools which once were in operation, only three still exist. The increased emphasis on academics resulted in each of these programs not being in compliance with the standards. It is interesting to note that today the education coordinator of the former Pennsylvania Hospital School of Nurse Anesthetists supports the movement toward a stronger academic foundation even though it cost the school its accreditation.

Medical Technicians

Pennsylvania Hospital currently serves as a clinical affiliate of the Penn State University in the training of medical technicians. The clinical program is accredited by the CAHEA. It is surveyed every five years. The survey includes a self-assessment, a critique of the self-assessment by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS), and an on-site survey. Hospital personnel involved in this program believe that the standards established by the accrediting body are appropriate and do not place unnecessary requirements on the hospital as clinical affiliate. The survey process itself is not deemed onerous, perhaps because it takes place only once every five years.

Radiologic Technology

Pennsylvania Hospital is also a clinical affiliate of the Community College of Philadelphia in a program to train radiology technicians. This program is accredited by CAHEA in cooperation with the Joint Review Committee on Education in Radiologic Technology (JRCERT). The survey process is almost identical to that of the medical technology program. The department is required to meet specific criteria for numbers and types of procedures, equipment and facilities, student to faculty ratio, and the availability of certified technologists. These requirements are considered reasonable by hospital personnel. The clinical objectives which are clearly stated by the Community College of Philadelphia adequately cover all procedures and skills necessary to be a competent technician.

Again, the survey process is not considered onerous. The fact that it occurs once every five years is an obvious plus; and, in this case, the fact that no changes were required to be in compliance as of the last survey is also reason for the positive feedback.

Hospital Perspective

The experience of Pennsylvania Hospital as a multiple program sponsor has proven to be satisfactory. This may sound strange in view of the fact that the two programs solely sponsored by the hospital lost their accreditation. However, it is clear to those who were involved in the programs that allied health education as it should be offered in the 1980s was not possible without further financial support for the academic portion of the training; and, if it was not forthcoming, closure was reasonable. The individuals who were involved in the programs believe that the site survey requirements were fair and that correct results have been achieved through them. In truth, the programs which were closed went out with little more than a whimper. This is a clear indicator that people already holding supervisory positions in the allied health professions feel strongly that additional academic work is an important prerequisite for students being trained in that field.

There is an additional consideration which is brought about by the fact that financial resources are limited and may become further constrained. The hospital sponsoring allied health educational programs will not find them to be income contributors. These programs are generally sponsored in furtherance of the hospital's educational goals, although certain training programs probably do provide limited manpower. Because the programs as a general rule are a fiscal burden, many hospitals may no longer fight hard to maintain them (with the exception of diploma schools of nursing). Therefore, the 1980s will be a time of opportunity for those accrediting organizations who see a need to bring training programs closer to the academic fold to accomplish that change.

The possibility that some accrediting body might seize upon this opportunity to force training programs into a more academic mold probably bears some watching. For example, at this moment, a battle is ongoing in nursing as to whether future nurses should be trained in hospital schools of nursing or in colleges and universities. The real argument, however, should not be over college based educational programs versus hospital based educational programs. The real argument should be over the proper mix between academic and clinical exposure. Without the proper emphasis upon clinical experience, the best academic program may not prove to be a good training program.

The experience at Pennsylvania Hospital illustrates the need for balance. It involved two hospital based programs which were heavily oriented to clinical experience and not oriented to academics. These programs were found, during the site survey process, to be so deficient in terms of academic emphasis that the totality of the educational objectives was considered unattainable without major changes. The disposition of the nurse anesthetist program has not been as positive as that of the respiratory therapy program. The latter has been replaced with a joint program which is quite satisfactory and whose organization parallels that of the other two successful allied health programs at the hospital. The results for the hospital, future students, and their future patients have been positive. These changes would not have occurred absent the site survey process. Simply put, it has spoken well for itself.

A final thought has to do with multiple surveys. This is not considered an onerous obligation by most hospital managements despite some talk to the contrary. For the most part, the hospital department under survey carries the brunt of the activity with the survey group. The management group meets only briefly with the survey team and these occurrences are really not burdensome. At Pennsylvania Hospital, there are three allied health professional training programs. In addition, there are seven residency training programs, each of which undergoes a survey every three to four years. It is management's opinion that the periodic intensive survey of the involved departments is important to ensure that the educational portion of the program is not being overshadowed by the department's service responsibilities. That goal is more likely to be achieved if each program is surveyed separately. In addition, limited experience with joint surveys such as that conducted by the Joint Commission on Accreditation of Hospitals and the Department of Health of the Commonwealth of Pennsylvania is that rather than achieving a true economy in time spent with surveyors, joint surveys merely crowd twice as much activity into the same time period as previously occupied by the single survey. It is quite possible that multiple surveyors for allied health educational programs occurring at the hospital at the same time could result in considerable confusion and, quite possibly, a less effective survey tool.

To repeat, Pennsylvania Hospital's experience shows the value of the site survey. Care should be taken to avoid effecting "state-of-the-art improvements" which actually result in a less effective survey.

COORDINATED SURVEYS: PROS AND CONS

John W. Schermerhorn

The consolidation of allied health academic programs under a single administrative head was a phenomenon of the sixties, encouraged both by the need to bring some order and accountability to the development of educational programs and the availability of federal grant funds.With the arrival of the seventies this movement was well under way and schools, colleges, or divisions of allied health education were the rule rather than the exception at institutions having more than two or three programs.

Along with the advantages of such amalgamation was at least one cloud which has grown steadily in size ever since. This is the mounting awareness that the process whereby the quality and integrity of the various programs is assured presents unanticipated administrative interference. Since the early 1970s many voices have been raised seeking relief from this growing burden of multiple accreditations and a number of efforts, starting with the SASHEP Report and continuing through the present have been and are being made to correct the problem.

The Committee on Allied Health Education and Accreditation of the American Medical Association was among the earliest groups to recognize the need for a different approach and to take a leadership role in searching for an improved procedure. Its options in this direction were necessarily limited by the fact that a significant number of programs, particularly at the baccalaureate levels, were not subject to CAHEA accreditation and, further, to its need to properly represent the diverse needs and desires of the various Review Committees it represented.

In 1975 the Indiana Vocational Technical College--Indianapolis Campus, noting it was scheduled for four programmatic accreditations during the fiscal year starting July 1, 1975, requested that the AMA and the North Central Association of Colleges and Schools conduct a combined survey of the campus and its health programs. Whether this was the first such effort, history does not reveal. Certainly, it is the first documented in the allied health field. The second reported one was conducted at Georgia State University in the Spring of 1977. Others followed including one at my institution in early 1978.

As a result of these early ventures, CAHEA began developing guidelines for two types of on-site evaluation--coordinated and concurrent. The former is described as the joint accreditation survey of several programs with or without an accompanying institutional survey. The latter refers to two or more surveys being conducted at the same time and will not be considered in this discussion.

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The most visible value of a coordinated survey is that the entire school/institution is involved at the same time. Positive benefits include a coherent Self-Study combining all components of the unit. Not only can such an effort place all programs in a proper perspective, but also the involvement of a broad segment of faculty can enable a good appreciation of the problems faced by individual programs and the need for equitable distribution of resources. From the points-of-view of the visitors, the move from the "microcosm" of an individual program to the "universe" of a series combined into a school can inject a greater degree of reality into the evaluation process.

A single Self-Study covering the administrative aspects of the School/College/University is certainly a major saving in time and materials. Administrative and staff personnel can be assigned this task, freeing overworked professional faculty to concentrate on development of a program document. Benefits are two-sided, for the ability to delegate evaluation of administration policies, resources, and function to a regional group frees program reviewers to concentrate on their primary missions.

In short, the concept is rational and may well be the ultimate solution to the need for an effective approach to ensure the quality and integrity of allied health educational programs. Unfortunately, CAHEA must function under a set of conditions several of which create serious and possibly even fatal weaknesses. In the opinion of a number of educators, CAHEA really serves as a clearing house for a number of professional Review Committees which do not appear to be answerable to the parent. Each committee develops its own Essentials and sets minimum levels of compliance. While CAHEA clearly works to set guidelines and to coordinate activities of the groups it serves, the impression is strong that such decisions as number of visitors, duration of visits, costs levied, and individuals outside the programs interviewed are made by the individual Review Committees. With such a structure, it is difficult to see how CAHEA can make "bottom line" decisions in the planning process and execution.

A second perceived shortcoming is more properly a function of the CAHEA philosophy of accreditation. One of the hopes for a coordinated accreditation is that the visitors comprise a team. From the beginning, this hope has not been realized. In describing the 1977 visit at Georgia State, an observation was made that "(t)here is really no coordination to speak of except they are on campus at the same time." A similar impression prevailed on my campus a year later, and we found ourselves negotiating with the various Review Committees over such matters as the size of the team of visitors and the duration of their stay.

As noted earlier, many programs not accredited by CAHEA are found on allied health campuses today. A coordinated accreditation loses much of its impact at institutions, such as mine, where only three of nine programs are CAHEA-accredited. To set up a coordinated approach here becomes a logistical nightmare which probably consumes as much effort as would individual visits and greatly limits its value.

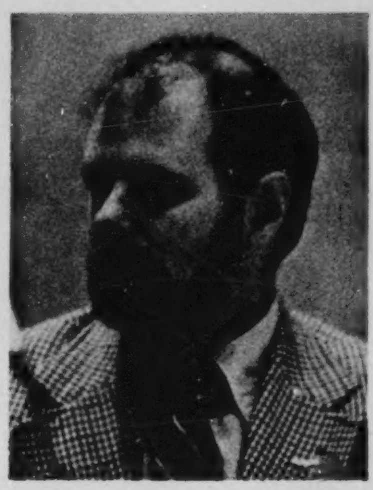
The concept of a coordinated accreditation has one other drawback and that is the reluctance on the part of the component programs to subordinate themselves to the good of the whole. Extended to the non-CAHEA programs this creates a degree of anarchism that at worst is destructive and at best is of little value to many institutions it is designed to serve. Failing to meet the needs of a significant constituency, it cannot hope to meet with broad acceptance and must either expire of neglect or find another and more useful route.

As a pioneer and long-time leader in health accreditation, I hope CAHEA will take the second course of action. To do so, it will have to make some significant changes in its role and philosophy. Many voices have been raised in support of a consolidated approach to the accreditation of allied health programs, and the direction CAHEA has taken can be viewed as a response of sorts. Little has been said concerning the issue of control of the quality and development of individual programs, however, and it seems to me that this is the reef on which the ship is stranded. Why cannot CAHEA assume control of the logistics of accreditation, whether or not programs are CAHEA sponsored? Why should it not accept the responsibility for gathering program and institutional data, both via reporting mechanisms and site visits at appropriate intervals, and for forwarding that data to the appropriate Review Committees or other professional associations? Why is it not possible, in short, for an organization such as CAHEA to function as the representative or agent of all the health professions groups in carrying out the mechanics of accreditation and then receiving from those groups (or Review Committees) a professional evaluation of the acceptability of a program?

The suggestion is easily stated but will, nevertheless, raise many objections to be answered. A major problem is the need to convince the professional associations that valid evaluations can be made with other than a hands-on-approach and that it is in their own self-interest that they support such a concept.

One thing is certain. The level of criticism of our present non-system is rising to a crescendo. CAHEA has the experience and credibility to lead such a movement and would have the support of many of us. In the absence of such leadership, other groups will rush in to fill the void or professional accreditation will lose much of its importance as a guarantor of educational quality, a possibility that may be becoming reality in Arizona and South Carolina today.

ALTERNATIVES TO PROGRAMMATIC ACCREDITATION



Thomas E. Freeland

Accreditation--institutional or programmatic--is an evaluation process with multiple purposes and with multiple constituents. It is essentially a value judgment process which has been encumbered of late with a variety of numerical measures used to justify a qualitative decision. It is a process focused on a collection of historical information which is reviewed in the present to project, or modify, future actions or activities. And finally, it is a process which by definition is arbitrary, but, one hopes, not capricious. Thus it is a process, conducted at the highest level of equity and probity, which is sufficiently general to have broad applicability to the many types of institutions found in the United States and its territories and yet sufficiently specific to be of value to each single institution (11) (15) (19).*

It is beyond the scope of this paper to address all issues related to accreditation, either institutional or programmatic--or to review in depth the development of accreditation in the United States. However, since each of us has a different viewpoint on the purpose and function of accreditation, and the majority of us represent more than one constituent group, a brief review is appropriate.

Because the development and maintenance of educational standards are maintained through a voluntary peer evaluation system and not by governmental oversight, as in most other countries, American education has long been recognized as unique (7) (11).

Accreditation of education began in the early 1700s. That initial step was followed by the formation of several regional groups; subsequently, the first list of regionally accredited colleges and universities was published in 1913 by the North Central Association. These early activities were principally oriented toward assuring an institution that students who enrolled for higher education had an adequate preparation and background (7). Stated in other terms, early accreditation standards were designed primarily to protect the institution from unqualified students and--to perhaps a lesser degree--insure that enrolled students could profit (in the broadest sense) from higher education.

Over time, this early focus on inputs has broadened to include measures of process and to a lesser extent measures of educational outcomes.

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*Numbers in parentheses refer to the numbers assigned to the bibliographic material in Selected References, listed at the end of this paper. Pages are indicated whenever a colon follows a number, e.g., (14:52) denotes selected reference 14, page 52.

In addition, those who impact on the accreditation process, that is, the constituencies, have increased in both number and kind. The institutional voluntary peer review process, which was initiated primarily to protect the institution, now provides assurances or quasi-guarantees for an expanding number of constituents. The historical evaluation process which consisted of relatively few standards, in contrast to the present day, and a value judgment made by peers, accredit or not accredit, has been broadened to include:

1. Accountability to society, including various student groups, of the quality of the institutions and their programs.
2. Justification to the federal government for the distribution of financial assistance to institutions, both public and private, and to higher education in general (13).

Concomitant with these broadened purposes, the United States experienced a rapid increase in the number and type of postsecondary educational institutions; increased geographic and, to a lesser extent, social mobility (which is popularly attributed to higher education); increased expectations for higher education to resolve current social and technological issues; and, continuing debate on the role of higher education in a democracy (egalitarianism versus elitism).

Each of these factors--and others which could be cited--has resulted in changes in how institutional accreditation is conducted (9) (18) (20). Attention to methodological issues has led to more discrete and reliable measures of educational inputs and process; however, the substantive issue of output measures requires additional attention. As reported by John Harris, "Troutt's dissertation, 'The Quality Assurance Function of Regional Accreditation,' confirms that the stated policies and criteria for accreditation take little direct account of results" (8:35). Grover Andrews in the Summary Report of a Council of Postsecondary Accreditation Project was more specific when he recommended to COPA that "it encourage its member accrediting associations to revise their procedures to include a process-performance evaluation system that places emphasis on the assessment of educational accomplishments for accreditation purposes" (8:35). Bowen reported, "The study of outcomes should avoid the common confusion of inputs and outputs." Furthermore, "it is by no means established that there is any systematic and positive correlation between inputs and outcomes defined in terms of the personal development of students" (8:35). In my opinion, outcome measures should, at least in part, relate to the value added which a student acquires as a result of his participation in higher education. This is especially important if society is to continue to support higher education as a requisite for establishing a more egalitarian society.

However, the critical issue, the **meaning** of accreditation remains unresolved. Methodological issues will continue to be addressed to improve the process. It may be that the application of present quantitative methods are no longer appropriate as the bases for a qualitative decision which is broadly categorized as a pass/fail. Perhaps it is time to refocus attention on the meaning of accreditation and its use.

The American Medical Association, founded in 1847 for the promotion of medical standards of education and ethics, is believed to be the first voluntary specialized accrediting agency; the publication of the Flexner Report in the early

1900s is generally credited with initiating systematic specialized accreditationof medical schools (7). This report and its by-product, programmatic accreditation, was the result of the inferior medical education offered in the United States at that time. In 1905, for example:

1. Many physicians were educated in programs conducted by entrepreneural private-for-profit free standing medical schools (5).
2. Many of the medical schools associated with institutions of higher education were associated in name only. Additionally, there was a perceived surplus of physicians. The general quality of physician practice standards, if they existed, were highly variable (5).
3. And, specialized accreditation became one of the vehicles used to consolidate several of the medical sects into an organized medical community (3).

From these early beginnings, associations dealing with institutional accreditation have increased from one to nine; specialized accrediting agencies have increased from one to sixty-three--and that number does not include various state agencies (10).

The issues and problems associated with allied health programmatic accreditation have been the subject of several special studies and conferences over the last decade (4) (11) (19). In the past several years, other associations and organizations, including the Association of Academic Health Centers, American Medical Association, various allied health professional organizations, Southern Association of Allied Health Deans at Academic Health Centers, and American Association of Community and Junior Colleges, have expressed specific concerns about programmatic accreditation. In a recent address to the Association of Governing Boards National Trustee Workshop, Ernest L. Boyer, President of the Carnegie Foundation for the Advancement of Teaching, stated:

> Especially discouraging is the state of specialized accreditation. This is the machinery by which professional bodies move in to assess how adequately the job is being done. We found time and time again that they used specialized accrediting not to maintain high standards but to protect their own turf against the higher interests of the institution. We found dozens of examples where we believe the integrity of the institution was violated. Some specialized accrediting bodies dictate student-faculty ratios. Two or three actually demand that they approve the director of the program (2:9-10).

It is clearly evident that programmatic accreditation concerns require attention (4) (11). A partial list of concerns appears below. The constituent groups involved in the accreditation process thought to be most concerned with each issue are listed in parentheses.

1. Infringement on institutional prerogatives (Institutions, Society)

2. Accountability (Society, Governmental Units)

3. Unnecessary duplication with associated excessive costs (Society, Institutions)

4. Unknown validity and reliability of standards and processes (Accreditation Agencies and Institutions)

5. The right of professional self-regulation (Accrediting Agencies, Society)

The acceptance or rejection of this short list is not important; the important point is the variability among the constituent groups in identifying the issue(s) of primary concern for each. This factor becomes increasingly important as the number of specialized accrediting agencies increases.

In any discussion of programmatic accreditation, however, other more general factors also must be considered.

1. The rapid growth in the number and types of allied health educational programs and the shift in the administrative locus of control from health care facilities to educational institutions.

2. The maturation of the allied health educational programs which has placed them into the mainstream of educational technology, and in many instances, in leadership positions.

3. The shrinking financial support for higher education which will impose additional system wide constraints by coordinating or governing boards.

The present volume of individual programmatic accreditation reviews requires modification of how accreditation is conducted. Many programmatic accrediting agencies are behind schedule and have a less than sufficient pool of well trained, on-site reviewers. The prescriptive format of the standards (Essentials) may be appropriate for programs conducted by institutions whose primary purpose is not education. But they are no longer appropriate, or even tolerable, for programs administered by any level of postsecondary educational institution.

Perhaps the time has come to recognize that there is a difference between an educational institution and other types of institutions which administer allied health educational programs. Educational administrators find their educational programs reviewed for accreditation purposes with the same process oriented standards used five, ten, or more years ago. The maturation of the educational process has not been matched by a complementary maturation of the accreditation process. As a result, educational quality has suffered.

One could argue that this reluctance to change yields a needed stability. However, one also could argue that this same stability has produced a world of educational clones devoid of creativity or imagination. This is especially apparent in allied health education because programmatic accreditation consistently refuses to consider the overall strength of an educational institution; it attempts to evaluate a program isolated from the educational milieu in which it exists.

Resources are becoming increasingly scarce, and excessive duplication must be eliminated wherever possible. At a recent, coordinated site visit to a major university in the Southeast, 11 of the 35 site team members were on campus to review several—but not all—of the institution's allied health programs. Thirty-one percent of the site team members were on campus to review programs which enrolled less than one percent of the institution's students and which account for about three percent of the university's faculty. In my opinion, this is a gross misuse of resources by the accrediting agencies and the institution (6).

How do you know a good program when you see one? When it's accredited. Unfortunately, this response is not sufficient. How do you know a good program when you see one? It depends on how "good" is defined and how much quality is enough.

ALTERNATIVES TO PROGRAMMATIC ACCREDITATION

This section is divided into two parts because the alternatives presented are derived from different values. Part One is based on the premise that accreditation provides an important distinctive function; as a result, one is limited to "tinkering" with the structure and process, or a shift in the locus of control, or both. Part Two is based on the assumption that this premise is untenable.

PART ONE

1. Consolidate site visits (revise and homologate self-study requirements and procedures).
2. Shift control for all accreditation to the regional accrediting agencies.
3. Shift control for accreditation to higher education governing boards.
4. Accredit the allied health educational unit as a unit.
5. Shift control for all accreditation to the federal government.
6. Rely on external measures of quality for accreditation purposes.

Option 1. Consolidation.

The efforts of Dr. Fauser, his staff, and CAHEA to improve the structure and function of the accreditation process for those programs which CAHEA accredits is well-documented. The principals engaged in this revision process are addressing both format and content of the present self-study process with careful attention to the areas of concern which have been identified by allied health program administrators and faculty. Because the revision process requires several years and because each review committee is at a different point in its review process, it is not possible, at this time, to project modifications which will occur nor to project their impact on presently perceived weaknesses. Undoubtedly, there will be some improvement. Unfortunately, these improvements will be restricted to programs accredited by CAHEA unless COPA or some other oversight agency becomes more responsive to concerns expressed by institutional administrators.

Given the change in format and process, one must still question the necessity of having representatives from each allied health discipline participate in the accreditation process.

> Accreditation teams typically rely heavily on analysis of program documents, informal interviews, and site visit observations. However, their data collection procedures are seldom systematic and rigorous; they are more likely to report judgments than data; and their methods are usually deductive--applying general criteria...to a particular program to see if it meets minimal standards....a comprehensive qualitative methods strategy could be used to make the accreditation approach more systemic and rigorous, but to do so would considerably change the model (professional review) by diminishing the near total reliance on the prior expertise and knowledge of the selected experts (14:52).

Furthermore, if a content expert cannot convey the "unique requirements" of a specialized educational program to an experienced educator, one must question his capability to participate in the accreditation process.

--Will consolidated site visits and standardization of self-study reports resolve:

a. issues of accountability?
b. duplication and associated excessive costs?
c. validity and reliability issues?
d. issues of professional self regulation?

Option 2. Shift control for programmatic (specialized) accreditation from the professional organizations to the established regional accreditation agencies.

This transfer would centralize all accreditation activities into existing regional units which have extensive expertise in the accreditation process. Undoubtedly, there is variation in the capability of each of the regional associations and in their ability to absorb additional responsibilities. One would anticipate that additional responsibilities would result in additional cost, more work--more staff. On the other hand, consolidation of all effort and funds presently expended for both institutional and programmatic accreditation would create unparalleled resources. Issues such as the validity and reliability of standards could be substantively addressed, on-site visitor training programs could be improved, and duplication of effort by institutional personnel would become a dead issue. The threat of potential charges of conflict of interest and restraint of trade against professional associations now involved in programmatic accreditation would be eliminated since specialized accreditation would no longer exist. One could anticipate that the accreditation process would become a more problem oriented activity thereby enhancing the consultative value to the institution and its programs. Additionally, one could expect increased cross-fertilization between and among education programs which now relate to a programmatic accreditation agency, and between the program and the institution itself, which also may diminish the adversarial relationship which sometimes occurs as a result of specialized accreditation.

Imagine the increased high level administrative attention that would be given to all of the institution's educational programs if a weak program could result in the lack of accreditation usage for that institution. Obviously, such an eventuality does impose a threat of forced program termination--particularly of a weak program--to protect the institution's accreditation status. But in reality, isn't that what accreditation is all about?

When you return home, review a copy of the standards and criteria of your regional accrediting association. Compare and contrast them with one or more of the professional programmatic accreditation essentials or standards for any type program. Here for example is **Standard Three, Educational Program**, of the College Delegate Assembly of the Southern Association of Colleges and Schools:

> The educational program must be clearly related to the purposes of the institution. This relationship between purposes and program must be demonstrated in policies of admission, content of curricula, requirements for graduation, instructional methods and procedures, and quality of work required of the students. . . . The curricular offerings of an institution should be clearly and accurately described in published materials. Curricula should be directly related and appropriate to the purposes and objectives of the institution, to the ability and preparation of the students admitted, and to the financial and instructional resources of the institution...(17:6).

The Southern Association of Colleges and Schools has illustrations and interpretations for its standards rather than guidelines. For Standard Three, several examples of the guidelines and illustration are: Part Two, **Curriculum:** "Persons who complete occupationally oriented degree programs should acquire employment competencies for occupations calling for broad technical and theoretical knowledge based on the area of specialization" (17:9). And in Part Three, **Instruction:** "For technical and vocational programs, the institution must demonstrate that an effective relationship exists between curriculum content and current practices in business and industry. The use of lay advisory committees and a comprehensive follow-up program of graduates are means commonly used for the evaluation of effectiveness in meeting program objectives" (17:9-10).

A more than cursory review strongly suggests that the differences between programmatic standards or essentials and the regional standards--if they exist--are not significant. The only apparent difference appears to be the "laying on of hands" by a content expert as a member of the on-site review team.

--Will quality be more clearly defined?

--Who will accredit programs which are not administered by an educational institution?

Option 3. Shift control for accreditation to higher education governing boards.

The literature indicates that there has been a substantial shift in the attitudes of governing and coordinating boards vis-a-vis accreditation. Stimulated by diminished resources, governing and coordinating boards are focusing increased attention on program by program review, cost effectiveness, and other measures of accountability.

Only recently have governing boards begun to require substantive documentation to support the development of a new major or degree program, to concern themselves with program duplication, to periodically review program efficiency and effectiveness, and to require the submittal of periodic Self-Studies.

In Mississippi, governing board requirements for program Self-Study and with board review is fairly recent. The process is outlined below:

1. The program faculty complete a "patterned" Self-Study. (Patterned meaning that there is a specific set of questions which require response, similar to a programmatic Self-Study.)

2. An external consultant reviews all submitted Self-Studies in a specific program area.

3. The consultant makes on campus site visits as necessary.

4. The consultant submits a preliminary report.

5. The board staff, consultant, and program officials meet and review the preliminary report.

6. The program faculty submit clarification and additional documentation if necessary.

7. The consultant submits a final report.

8. The board staff recommends action to the board with notification to program officials.

9. The program officials provide additional information as necessary.

10. The board reports that the program

    a. receive commendation.
    b. be approved.
    c. be designated marginal with necessary corrective actions completed within two years.
    d. be phased out, with no new students admitted.

If all governing boards initiated such a review process, one could expect to see a drastic change in the quality and efficiency of educational programs. If this activity "catches on" one must ask how long will a governing board support a three-legged stool of accreditation: institutional, programmatic, and governing board?

--Will there be sufficient consistency among the various sets of governing board standards?

--Will costs be decreased or at least controlled?

—What will the relationship be, if any, between the various governing boards and the professional associations which now conduct programmatic accreditation?

Option 4. Accredit the allied health educational unit as a unit.

I am sure that many of you are aware of several pilot studies being conducted by the Southern Association of Allied Health Deans at Academic Health Centers. Because of problems experienced with programmatic accreditation, and the lack of impact on their correction, this group elected to invest its own time and resources in conducting several pilot studies and, if warranted, an experimental trial.

The Southern Association of Allied Health Deans at Academic Health Centers has accepted the premise that allied health education is allied health education; for this reason, the association contends that it is not necessary for one or more

more content experts to "lay on hands" during an on-site visit to ascertain the quality or--lack thereof--of a specific allied health educational program. The association believes that a small team of administrators (a vice president for health affairs, a dean of an allied health educational unit, and an allied health department chairman) experienced in allied health education can evaluate programmatic activities and other activities of an allied health educational unit equally as well as individual programmatic accrediting agencies. It also is thought that programmatic review conducted in isolation fragments institutional perspectives and purposes (1).

The long-term goal of this option is to replace the present programmatic accreditation processes with a consolidated effort which will accredit the allied health educational unit as a unit. Standards and guidelines have been developed and are being tested as part of several pilot studies. After evaluation by participating universities, the Southern Association of Allied Health Deans, and representatives of selected external agencies, a full experimental trial will be conducted. If the results of that experiment support the premise, the SAAHD/AHC is committed to:

1. Strive through collaborative efforts to initiate accreditation of allied health educational units; or, if that is not possible,

2. Petition for recognition as an accreditation agency for allied health educational units in concert with one or more of the presently recognized allied health accrediting agencies, other interested organizations, or, if necessary, as an individual entity (5).

--Who will accredit programs at institutions which do not have an allied educational unit?

Option 5. Shift control for all accreditation to the federal government.

This option was listed not because it is considered desirable, but for its "lightening rod-like" attractiveness. We frequently hear this thought expressed in accreditation discussions: "If we don't present a united front in support of voluntary accreditation, the federal government will take over."

We all know, the federal government already has--in part. Using the golden rule, he who has the gold rules, the federal government has made significant inroads into the autonomy and control of institutions of higher education. And despite our protestations, those inroads haven't been all "bad." Did any of the allied health educational community protest when the government tied program accreditation to eligibility to compete for federal funds? This imposition significantly altered the purpose of programmatic accreditation and that alteration is now being increasingly challenged by the educational institutions, the programs themselves, and to a lesser extent those professions which conduct programmatic accreditation. The institutions opted for the short-term gain, and now they find themselves involved in a programmatic accreditation process in which they participate as less than full partners.

More to the point, why not federal accreditation? The best answer is to examine the obverse side of the coin. Why do we need federal accreditation of educational programs now? After 200 years of being socially responsible to the publics which we serve and which have rewarded us in general terms, (increased resources, support, and pluralistic opportunities), why now? Boyer said in his address to Trustees, "we say that a remarkable achievement is that there has been so much money channeled to the public and private colleges of this nation with so little interference" (2:5). Do we really believe that the federal government wants to get into a constitutional battle over the accreditation of higher education?

On federal intrusion, Boyer stated, "it's easy and in a kind of pernicious way, fun to jab government in the eye. Who isn't able to illustrate the stupidity of government. However, we conclude in our report that the academy itself is at least partially responsible for the current crisis" (2:9).

The establishment of a federal accreditation system is no different from the establishment of a state religion. Federal accreditation is only one small step removed from officially telling you what to teach. At that point, teaching will cease--for there will be nothing to teach, only orders to follow.

--Will the public support federal accreditation?

Option Six: Base programmatic accreditation on the results of external measures.

Several possibilities were suggested by Ewald Nyquist in a paper written for the State Higher Education Executive Officers Association, Education Commissions of the State. "Good technical or professional programs leading to specific careers will accredit themselves," he said, "through successful employment of their graduates and state licensing..." (12-25).

Nyquist has suggested two possibilities, successful employment and state licensure. We shall treat them as individual items recognizing that it may not have been his intent to do so and also recognizing that other criterion may be added to and individually weighted in structuring the accreditation equation. One additional external measure that may warrant review would be success of the program's graduates on the entry level credentialling examination. This would seem to be particularly appropriate for the allied health professions since there are a large number of professions where licensure is not required to practice. Undoubtedly, there are other measures which one could consider; however, a review of these three should be sufficient to make the point that external measures, or outcomes, as an indicator of program quality (that is, a good program), should not be dismissed without thoughtful review.

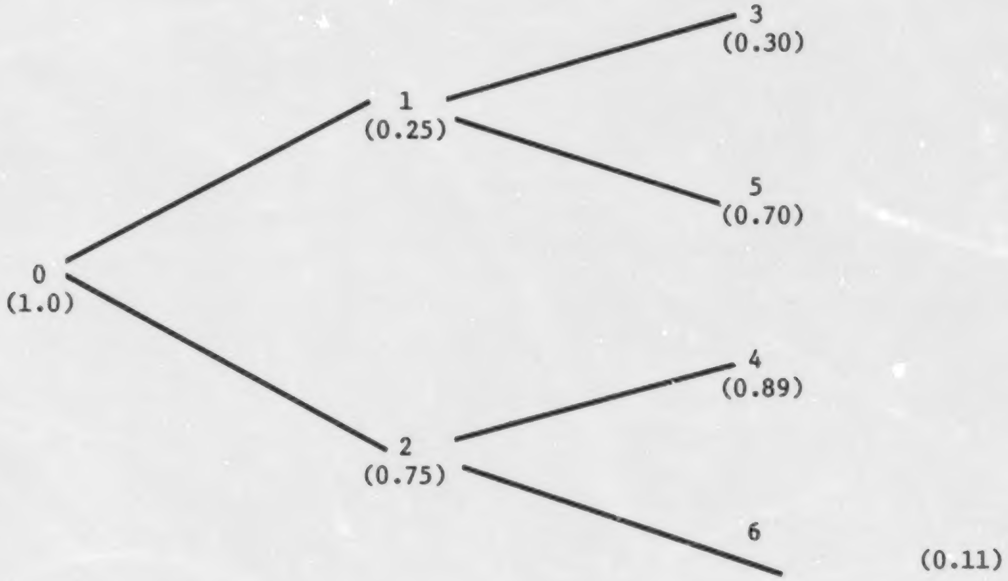
Question: will all graduates of an accredited program be employed in their major field of study? Will all pass the licensure examination if one is required? Will all pass the entry level credentialling examination? Conversely, will all graduates of a nonaccredited program be unemployed in their field of study? Fail the licensure examination, if one is required? Fail the entry level credentialling examination? The response to each of these questions is no. This response, however, prompts another question.

Does the graduate of an accredited program have a higher probability of success than a graduate of a nonaccredited program? One would hope that the answer to this question is an unqualified yes. If not, one must conclude that enrollment in an accredited program adds no value to the student and furthermore that the present programmatic accreditation process adds nothing, except additional cost. Unfortunately, in almost all cases, only graduates of accredited programs are permitted to sit for either state licensure examinations or for professional entry level examinations. First, the student is told that he must enroll in an accredited program if he aspires to become a **blank**. Then he is told that he must successfully complete an entry level credentialling examination or state licensure examination after successful completion of an accredited program to be eligible for entry level employment as a **blank**.

It appears that the requirement of graduation from an accredited program to be eligible to take the entry level credentialling examination--which in turn may be required for employment--places the student in a form of double jeopardy. As Kenneth Young has observed, "Every state credentialling or licensing law or regulation that specifies a particular accrediting agency by name complicates the accreditation picture, limits flexibility and the capacity for change, and makes 'voluntary' accreditation non-voluntary" (10:37). Because of the relationship which has existed between licensure (or attainment of entry level credentials) and the accreditation status of the program for many of the allied health fields, there is unfortunately, no data for analysis.

But despite the lack of data, we can still proceed substituting probability estimates for actual data using a decision analysis model described by Raiffa (16).

DECISION ANALYSIS MODEL



Point 0 represents all students enrolled in a particular type of allied health discipline. The probability of any student being listed at this point is 1.0 which is given in parentheses under the descriptor. Point 1 represents all nonaccredited allied health programs of a particular discipline. I had no base, or reasonable information, to establish the estimate; however, based on discussions with colleagues throughout the country, I believe that this estimate (0.25) would be the maximum number of programs within any single allied health discipline which are not accredited. Point 2 represents an estimate of the accredited educational programs in the same discipline. Note that the probabilities after each branch must sum to 1.0. Points 3 and 4 represent graduates from both nonaccredited and accredited programs who would normally be judged successful because of their attainment of one or more of the criteria (successful employment, passing the licensure examination, or passing the entry level credentialling examination).

Points 5 and 6 represent graduates from nonaccredited and accredited programs who would be judged non-successful (failure to attain at least one of the above criteria). The estimate for Point 4 which appears in parentheses, (0.89), is based on 10 years of aggregate data collected on all programs at the University of Mississippi School of Health Related Professions. The estimate for Point 6 is the residual, 1.00 minus 0.89 or 0.11. The estimates assigned for Points 3 and 5 are more difficult to derive, but again, we can use available information, assign equal probability should we choose to do so, or if we elect, we can use Freeland Logic. In this case, we will use Freeland Logic. The ratio for successful graduates from an accredited program is approximately nine of ten, and enrollment in an accredited program is at least three times better than being enrolled in a nonaccredited program. Therefore, it is estimated that the ratio of success of program graduates from nonaccredited programs will be only one-third that of graduates from accredited programs. This results in an estimate of 0.30 for Point 3 and by subtraction, 0.70 for Point 5.

One could extend this decision tree still further should one choose to do so; however, decision analysis and Bayes theorem is not the topic. Let us apply the theory and calculate the results. First, it is necessary to calculate the conditional probability of any given event; which is obtained by multiplying each stem with each branch--in this case 0.30 times 0.25 equals 0.075, etc. Applying our calculations to an allied health discipline which has 10,000 students enrolled in their last year of study yields 2500 who will be enrolled in a nonaccredited program, and, therefore, ineligible in many instances to sit for the licensure and/or entry level credentialling examinations; 7,500 who will be enrolled in an accredited program. Of those enrolled in the accredited program 6,675 are predicted to be successful and 750 are predicted to be unsuccessful. Of those enrolled in the nonaccredited programs, Freeland Logic, would predict 750 to be successful; and 1,750 are predicted to be unsuccessful.

Obviously, there are many sets of conclusions which can be explored with this technique, and by using probability intervals rather than probability estimates, confidence intervals may be calculated. The point is that there are mechanisms for developing more realistic estimates than Freeland Logic.

We can create a probability model based on licensure, success on entry level credentialling examination, or any other criteria, i.e., high school or prerequisite grade point average; grade point average while enrolled in the

allied health program; SAT or ACT scores; IQ; employment; interviews, etc., which will eliminate programmatic accreditation as it is now structured and replace it with one relatively simple requirement: PUBLISH THE CONDITIONAL PROBABILITY OF SUCCESS FOR PROGRAM GRADUATES FOR EACH OF THE PAST FIVE YEARS IN THE PROGRAM OR INSTITUTIONAL CATALOG AND THE ACTUAL RATE OF GRADUATE SUCCESS FOR THE SAME TIME SPAN.

With the availability of this information, the students will vote with their feet, the legislators with their dollars, and society with its support. And finally, educators can turn their attention to that activity which they do best--teaching. As an indirect benefit, we may also experience an increased level of communication between and among various programs and professional organizations which presently conduct accreditation activities since the "right to fight"--at least in the arena of accreditation--will no longer exist.

--What effect would such a system have on the admission-selections process?

--How would new programs be accredited?

--Who would control the credentialling process?

PART TWO

This section describes potential alternatives to programmatic accreditation which assumes that programmatic accreditation provides no distinctive function to justify its continuing existence.

Since the establishment of programmatic accreditation in 1905, education, and more importantly, society's expectations of and familiarity with education, in the general sense, has changed considerably. No longer is academe cloistered within its own walls; it has and continues to move into the mainstream. Some claim too much so. As part of that mainstream, educational institutions conduct an increasing number of their activities, including education, under the observation of their several publics.

They are publics which have an ever increasing level of awareness regarding educational inputs, process, and outcomes; and, therefore, may not require the imprimatur of accreditation to assist in forming or exercising their value judgments. While this notion may be premature and may be thought extreme by some, it has deep roots in the philosophical tenets which have supported education and higher education throughout the history of this country.

In the final analysis, no external review process, regardless of the level of sophistication or the extent of its data base, can guarantee that a program or an institution meets minimal standards of quality and integrity. Education is a dynamic process. Some antecedents of what constitutes a good program can be identified, but their contribution can only be estimated. Examination of a program or an institution by the "snapshot" technique is, in reality, a disservice to all constituents of the accreditation process. Perhaps accreditation efforts should be directed toward assuring that each institution or program has a self-developed internal review process which assesses current activities in a continuous manner. Perhaps, self-regulation is the best management of all.

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REACTIONS TO THE PAPERS OF GERRY M. KAMINSKI AND JOHN W. SCHERMERHORN

William J. MacLeod

(From left: MacLeod, Manning.)

In a visit to the New England region not long ago, I was told about a woman in Vermont whose husband had fallen off the roof, broken his neck and died. Seated at the kitchen table after the funeral, she was filling out an insurance form, faithfully recording all the facts called for: the date, the hour, the nature of the accident, etc. Then she came upon the category entitled "Remarks," and she solemnly wrote: "He didn't make none."

However much you might devoutly wish that Ted and I would follow that sterling example, and give you an immediate opportunity to get on with the discussion of these important issues, we've been ordered to make some remarks. In the hope that you will be spared needless repetition, however, we have agreed to divide those remarks, each of us addressing in the main two of the four papers. I will therefore concentrate more upon the papers by Deans Kaminski and Schermerhorn.

There are four problem-areas clearly identifiable in these papers: the confusing and thus frustrating diversity of requirements and procedures; logistical difficulties; and two which I shall term people-problems and purpose-problems. The first two have to do with methods, instruments, and procedures that have been developed to accomplish a presumably good purpose. The latter two raise serious questions about the legitimacy of intrinsic components of the accreditation process itself.

I

The variability of requirements and procedures of different review committees or accrediting associations is often the number-one complaint, and one of the toughest to ameliorate. Dean Kaminski cites some of the differences--procedures for a request for accreditation, the form of the Self-Study, the way in which the Self-Study is reviewed, the organization and conduct of the site visit and the follow-up, how the report or the team is reviewed by various committees and

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commissions, and even how and to whom the final decision is communicated. One could cite a host of others--differences in accreditation statuses, varying definitions of the same terms, differing opportunities for appeal, duration of terms of accreditation, etc., almost ad infinitum.The variability is, of course, the inevitable consequence of the commitment we have made to communal self-regulation--the cooperative involvement of institutions, programs and accrediting associations in developing and validating standards, and submitting to peer-evaluation of the adequacy of our educational offerings, in order to assure the integrity and the quality of those offerings to the educational community and the general public. Rejecting federal control of education, which would eliminate the problems of variability, we opted for independence and autonomy, and pluralism, diversity, and heterogeneity have been clear results of that freedom, with all of their attendant values and disvalues. There are legitimate differences in policies, practices, and procedures of accrediting associations, just as there are legitimate and significant differences among institutions, each with its uniqueness of mission and purpose. The burning issue for accrediting associations and institutions involved in a communal, cooperative effort at self-regulation is that legitimate uniqueness not be translated into illegitimate uniqueness of forms, patterns, procedures that have little to do with realization of the purpose of assessing quality, and, in the name of freedom, frustrate the common effort. This is one of COPA's central concerns. You should know that, with full endorsement of the institutional and specialized accrediting bodies, it has submitted a joint proposal with National Commission for Health Certifying Agencies to a major foundation for the development of a common data-base which all associations can use. Further, institutional and specialized members are meeting together to share problems, methods, ideas for sharing, cooperating, learning from each other in a way that was not even possible as little as four years ago. And, in that effort, the new Assembly of National Postsecondary Educational Organizations, representing all educational institutions, has joined as of one year ago. My conviction is that there will be marked changes in resolving some of these issues.

II

The second problem, of logistics, particularly apparent in coordinated surveys, is also one requiring the reminder that accreditation is a communal involvement, with institutional and accrediting body rights to be respected and both subservient to the fundamental purpose of the survey. There are excellent models for such surveys already in existence that are in use by our member-agencies. Dean Schermerhorn describes the problem as due to an unwillingness of accrediting bodies or review committees to subordinate themselves to the good of the whole. To the extent that this is true of some accrediting bodies, it is a violation of the communal relationship. We have to remember, however, that CAHEA itself is a remarkable example of over 40 professional organizations, through sixteen review committees, subordinating individual and particular interests for the good of allied health professions and accreditation in general, and that it is still very young. Inability to effect changes and corrections in the process does not necessarily reflect indifference to institutional concerns, but rather the length of time it takes to achieve agreement among disparate parts, each with its own concerns about the integrity of its program and the competency of the students being educated. Forums like these will, by identifying areas of concern, confusion, and frustration, help to accelerate necessary changes but they will not occur overnight. If nothing else, these forums will help to remind us that accreditation is a fragile but terribly significant voluntary partnership of institutions, programs, and responsible members of the professions, whose unique voluntary nature is its greatest strength, but also the source of its weaknesses.

III

That brings me to the **people-problem.** The two major aspects of the accreditation process are the Self-Study, which, if it is honestly and throughly carried out, is of tremendous value to the institution, and the site-review by peers, whose central purpose is, as Dean Kaminski has said, to validate or confirm the Self-Study. Team-selection, team-training, and team-behavior constitute the very heart of the process. For these the accreditating agency bears the primary responsibility. Quite frankly, if the list of Dean Kaminski's comments about the visiting teams--negative attitudes, looking for problems and not strengths, lack of preparation and review of the Self-Study, inability to understand or appreciate the uniqueness of an institution and its relationship to the community it serves, insensitive and thoughtless disparagement of clinical or other affiliates of institutions or programs, lack of understanding of the Essentials or standards, and unwillingness or inability to see how policies, practices or resources which differ significantly from those described in the standards or Essentials, or non-traditional formats, modes or techniques, may be quite appropriate to higher education, and effective (though alternative) means for achieving the intent of those essentials--if, I say, this list of comments correctly characterizes the normal team of visitors, then we ought to pack the whole accreditation process in, for it has become a farce, a mockery, a charade. I know Dean Kaminski didn't mean that. I know also that any time one or a combination of these is true of a team or any of its members, to that extent our faith in the process is weakened, and aid and comfort are given to those lurking in the wings who would like to assume control over institutions and their programs.

No accrediting agency has a task more important than this or a greater obligation--the development of an adequate pool of volunteers, careful selection of teams appropriate to particular institutions and programs, rigorous training-sessions and re-training sessions for participants, providing opportunity for chairpersons to evaluate team-members, team-members to evaluate chairs, and institutional personnel to evaluate the team (all in terms of precise standards), and, removal from the pool of those inevitable failures. No task is more crucial in weakening the process or helping it achieve its highest purposes.

IV

What are the purposes? This is the final problem-area. Unless we make that clear to ourselves, and constantly examine, review and critique what we are doing with reference to those purposes, the process itself will be perfunctory and meaningless, and the obligations it imposes on all of us increasingly onerous. Accreditation arose as one answer to how to use responsibly the freedom from government we have been allowed. It affirms that we accept not only the right to regulate ourselves, but that we accept the obligations and responsibilities that a system of regulation requires. Requirements of a Self-Study and periodic review by peers have come to represent critical elements in a process that emphasizes accountability. It must be a dynamic process, and it is. Tensions do not exist just between associations and institutions--they are to be found within the associations themselves. There is ferment going on about standards, procedures, and policies, some of it admittedly the result of external pressures, but also the result of internal questioning about the relevance and reliability of these in enabling the agency to achieve its objectives. Questions ought to be and are being asked about the procedures, the requirements, the practices, the emphasis on process-elements rather than outcomes. Dr. Freeland is quite correct in deploring the idea that a "snapshot" technique alone can tell us much about an institution or a program, and any agency, institutional or specialized, that is doing just that is living in the dark ages. But his proposal that "perhaps accreditation efforts should be directed toward assuring that each institution or program has a self-developed internal review process which assesses current activities in a continuous manner" implies that this would be something new. I can assure him that there are many associations, institutional and specialized, for whom this has become a primary focus, forcing them to re-think the entire business of the nature of visits, reports, duration of terms, and other elements in the process. Interestingly, the COPA Committee formed by the Board last year to probe the issue of the validity and reliability of standards quickly reached the same conclusion--underlying basis for concern about these issues is whether adequate mechanisms are in place between recognition reviews to ensure that accrediting agencies are doing an effective job at what they claim to be doing, to identify the components of a good self-assessment program, and to see that these are in place and continually used. This is comparable, they affirmed, to what accrediting associations expect for the programs or institutions they accredit.

All of us need to get back to that root-issue--what is it that we claim to be doing? Where do we need to effect changes, sometimes radical, to achieve those purposes? Forums like these help to remind us that this is, after all, not an external process, but ours, and that the relationship of institutions to accrediting agencies must not be like that Voltaire expressed. Standing on a street corner in Paris one day, he doffed his hat as a funeral procession passed by. A friend said to him, "Ah, mon ami, are you then now on speaking terms with God?" And Voltaire replied, "We salute, but we do not speak." That cannot be permitted to happen among those of us who are partners, not adversaries, in this very fragile and very significant accreditation process.

REACTIONS TO THE PAPERS OF GARY D. ADEN AND THOMAS E. FREELAND

Thurston E. Manning

These four papers catalog and discuss a number of concerns about program accreditation in allied health fields. The emphasis on concerns brings to mind the analogy between accreditation and life: both are filled with concerns, difficulties and problems; and like life, accreditation is far superior to the alternative.

The concerns, however, are real and deserve the attention of accreditors. They are problems that can be solved and should be solved.

Amid the concerns are the statements of Aden about the value of program accreditation. It is ironic that he documents that value in part by pointing to two programs at his institution that received the *coup de grace* by loss of accreditation, but nevertheless he points to this as a valuable and necessary activity. Certainly it illustrates one aspect of accreditation as a public trust: when programs are found that do not adequately prepare their graduates, it is in the public interest for accreditation to say this, and for the providers of the programs to act.

Freeland's long and valuable paper should be read carefully--it has many ideas and insights. It might be regarded as divided into three sections. In the first, Freeland sketches briefly the history of program accreditation in allied health sciences, and points to some current problems. One of these is inefficiency in the process (his statement that at one institution thirty percent of accreditors deal with programs affecting one percent of the students and three percent of the faculty is a striking datum not suggesting efficient use of resources).

Another problem is the concern discussed by Boyer as quoted by Freeland: that program accreditation standards interfere unnecessarily with the freedom of an institution to govern and administer itself. I cannot overemphasize the importance of this problem. Program accreditation--not only in allied health, but generally--is in serious trouble with central officers of educational institutions. Rightly or wrongly, for good reasons or bad, college and university presidents, vice-presidents and other central officers currently feel chronic irritation (rapidly moving to become outrage) over program accreditation. Their complaint is that the specific, quantitative standards or "essentials" characteristic of program accreditation unnecessarily constrain them on fulfilling their responsibility to govern their institution effectively. "Unnecessarily" because in their view many standards now set are not closely related to the educational quality of the programs; instead--they assert--the standards serve more to advance or consolidate the narrow interests of individuals programs at the expense of the general institution.

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The issue is whether program accreditation is serving the public interest: do accreditation requirements primarily advance the public good, or do they primarily advance parochial interests at the expense of the larger community? The natives of the educational establishment are restless, and the quarry is program accreditation. Program accreditors must give substantial attention to justifying that their standards are necessary, and that they are properly serving as trustees of a public trust. Freeland does a service by raising this issue.

The second part of Freeland's paper is the longest. In it he considers alternative ways in which program accreditation in the allied health sciences may be conducted. He describes these ways as "tinkering" with accreditation. While some may think that verb too mild, it is not a bad choice, for all his alternatives simply repackage what is now done. As a result we know that each of his alternatives is feasible: each could be a way to conduct program accreditation. The issue in choosing among these alternatives and the present pattern of program accreditation is deciding which best meets the criteria for accreditation in the public interest, stated by Kaplin in his keynote address to be autonomy, impartiality, expertise, public representation and due process. Freeland's alternatives meet these criteria with different degrees of success. Accreditation by a state, for example, often fails the test of impartiality, for a state is a major provider of educational services and may have conflict of interest if it also serves as the judge of educational services offered by itself and by others.

Freeland's last section is short--barely a page--and I hope he will develop his ideas at greater length because I think they are of great importance. Briefly his thesis is that the time to time appearance of accreditation at a program site (he refers to it as taking a snapshot) falls short of serving the public concern for continuous monitoring of educational quality. He suggests that such continuous monitoring can be conducted effectively only by persons active day-to-day in the educational activities; in short, that what serves the public interest best is continuous self-regulation of educational programs by those conducting the programs. The question then becomes, "How can accreditation promote such continuous self-regulation?" Setting standards and enunciating essentials help in part because they establish some guides for judgment; but a fundamental defect of standards is that they contain in themselves no spur to improvement above the minima they describe. Can accrediting bodies so structure their work that self-regulation leading to continuous self-improvement becomes a new kind of "essential"? Attaining such a structure is certainly much more than "tinkering" with present practices. MacLeod notes that some accrediting bodies--but not all--have moved in this direction. It means at least a fundamental change in emphasis: placing a primary push on whether the program and provider have active and effective self-regulation procedures, and placing second whether the program meets stated standards. Such a new emphasis is not easy, for it is far easier for a visting team and a review committee to consider data bearing on whether explicit standards are met. Changing program accreditation to emphasize self-regulation would be one way to respond to the institutional concern that accreditation unnecessarily constrains institutional autonomy. The change would also speak to accreditation as a public trust: well-conducted self-regulation should be a more effective guarantee of high quality program than the periodic snapshot accreditation currently provides. Making accreditation provide more effective guarantees of educational quality is certainly in the public interest and is an obligation of accreditation as a public trust.

SYNTHESIZERS' REPORTS OF DISCUSSION GROUPS

(From left: Elkins; Haverty, Moderator; Burian; Leventhal; Coyle; Horvath.)

INTERNAL CONCERNS: Robert L. Coyle

Discussion in some groups was free and did not follow a format, while other groups appeared to have addressed at least most of the "Internal Concerns" expressed as questions distributed to the participants. Regardless of the style of discussion, the work of the reporters indicates that the issues are consistent from one group to another.

I will summarize the issues of concern in a topical manner.

First, The Accrediting System

Concerns were widely expressed about the necessity of presenting much the same data in unique forms for each programmatic accrediting agency. The Self-Study is not defined and does not appear to mean the same thing from one profession to another. This frustrates institutional efforts to participate in Self-Study and counsel programmatic faculty in developing good Self-Studies. It appears that there are concerns that the Self-Study may be a slave to form rather than an analysis and an evaluation.

The site visit process is seen to lack the degree of standardization that would make site visits efficient, and there was equal concern that too much standardization could cause ineffectiveness.

Second, The Accrediting Standards (The Essentials)

If I cite the following key words and phrases, you will all know what is meant because you said them: "inflexible, intrusive, obtrusive, too process oriented, violate institutional prerogative, etc, etc, etc." Not one good or encouraging

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word about the accrediting standards is reported from any of the discussion groups covered in this report.

Third, The Accrediting Agencies

The only kudos awarded were to CAHEA for sponsoring this forum and addressing the perceived problems. The major concerns cited and reported are the reluctance or refusal of accrediting agencies to interact with programs and institutions in the light of institutional mission, demonstrated prior success and proven talents which exceed the average or the minimum.

A lack of responsiveness and an adherence to costly, outmoded procedures were among the criticisms and concerns expressed about accrediting agencies. Poor accountability for site visitors and a lack of orientation programs to correct improper conduct of site visitors were other concerns.

Only one group's reporter included as many recommendations as concerns. They can be summarized with my apologies for not giving them justice. Accrediting agencies should:

1. Develop more understanding and flexibility toward program sponsorship as educational institutions and hospitals alike try to navigate the unchartered course forced on them by the current economic climate.

2. Develop standards which do not prohibit innovation.

3. Work to preserve effectiveness and reduce costs by being willing to overhaul wasteful and unnecessarily repetitive data gathering systems.

4. Protect, but serve at the same time; defend, but don't offend; be flexible, but not too flexible.

5. Use good, preferrably better, and, whenever possible, the best site visitors.

A synthesizer is supposed to operate one step beyond analysis. I am afraid I may now go two steps beyond. There are concerns I have picked out from the reports of group discussions.

1. The role of the hospital and of the educational institution. Some specific remarks in the aggregate hint that these two entities may find themselves on a collision course. Accrediting agencies who may well be more experienced in foreseeing problems than any single entity, hospital or educational institution, may be powerless to stop the inevitable.

2. The very nature of Essentials, i.e., minimal standards, nationally applicable, and specific enough to give guidance to the design, organization and delivery of effective educational programs, may be contradictory to their also being the vehicle which "encourages" innovation. Innovation should not be blocked by Essentials, but innovation should be encouraged by talented, imaginative and experienced institutions, and responsive accrediting agencies which are willing to listen. If the Essentials were to be developed as the vehicle for

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encouraging innovation, I am afraid they would lose their effectiveness for a large percentage of the population and approach something of the size of the Internal Revenue Code.

I think CAHEA is to be lauded for its venture. I know I do not appreciate the consistently negative attitude toward certain administrative aspects of accreditation and it is certainly not any more pleasant for CAHEA. But thank heaven we are at least in the same room. This must continue. I encourage CAHEA to start work immediately on Phase Two of the Forum and make that the prioritizing and recommending stage.

INTERNAL CONCERNS: Frances L. Horvath

There is a saying that goes, "any simple problem can be made insoluble if enough conferences are held to discuss it." I had hoped to be able to report to you this morning a list of recommendations from the five "breakout sessions" that I've been assigned to cover. Instead, what you will hear is essentially a list of problems. Not to worry, however, remember that Paul's law says, "you can't fall off the floor."

At the risk of assualting you with clever phrases, I'd like to introduce the first general set of problems with this statement: "Everyone sees his own part of the elephant." So this set of problems involves variance in perception. Let me summarize for you how one group differed in its perception of various accreditation components:

- The Essentials should be specific.
- The Essentials should not be specific.
- The Essentials should be specific without being rigid.
- The Self-Study exercise is the most valuable aspect of the accreditation process.
- The Self-Study is burdensome and of little value to the accreditation process.
- New programs and innovative programs should be evaluated differently from established programs and traditional programs.
- All programs should be evaluated against the same standards and by the same process.

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- Accreditation should focus on outcomes, which can be defined by professional organizations, education, credentialling agencies and health care consumers.

If you ask the professional organizations, education, credentialling agencies and consumers what those outcomes should be, you will get four different answers:

- Joint surveys work well and save time and money.

- Joint surveys are not as valuable as originally thought, and they don't save time and money.

- Essentials are structured to accommodate hospital based programs.

- Essentials are structured to accommodate academic programs.

So one discussion group has provided us with a set of issues, which may or may not be problems, depending upon which part of the elephant happens to be close to you.

To introduce the second set of issues that was discussed, I will tell you an apocryphal story. The novice Dean of Allied Health went to the Chief Executive Officer of the medical center and said, "George, I have a dilemma. Both the institution and the accrediting agency have established rules governing the content and operation of my program. 'What,' she asked plaintively, 'shall I do?' George, thought for a moment, and then in a voice ringing with authority he pronounced, 'Render therefore to Caeser....'"

Most of the groups addressed the question, "To whom do we render control of the education and accreditation processes?" Four kinds of jurisdictional disputes were identified. Professional organization vs. educational institutions; individual review committees vs. CAHEA (one group described this as a "tenuous truce;" accrediting agencies vs. the institution; and regional, that is, institutional, accrediting agencies vs. programmatic agencies.

The problems identified were as follows:

1. Most accreditors fail to acknowledge the specific mission of the institution or program and the needs of the particular community it serves.

2. There is insufficient allowances made for innovation in the educational process.

3. The autonomy of programmatic accreditation, including those under the CAHEA umbrella, results in marked and burdensome inconsistencies in the content of Essentials and Guidelines and the interpretation thereof; the timing and scheduling of site visits; the content purpose of the site-visit process and report; the number, quality and preparation of site visitors; the content of the site-visitors report and other mechanisms for communication of results to programs and institutional administrators.

4. There is unnecessary overlap between institutional and programmatic standards and Essentials. Several discussion groups expressed dismay that programmatic accreditation duplicated the evaluation of certain items already assessed by the regionals. Programmatic accreditation ought to focus its expertise on those areas of the educational process peculiar to the specific profession being evaluated.

There were two other general areas of concern addressed by my groups. Let me introduce the first of these by reminding you of Miller's Law which states, "You can't tell how deep a puddle is until you step in it."

The "puddle" is the meritorious concept that accreditation ought to focus more on product (outcomes) and less on process. That is a very inviting puddle--it would be fun to splash around in it. So yesterday we stepped into the puddle, and now we are up to our acetabula in murky waters. The issues raised by the groups were: who will have the authority to define the desired outcome? Which data will be needed to verify that the outcome has been achieved? By what mechanism will those data be gathered? How can we validate the reliability of the source of the data? Credentialling exam scores, employer evaluations, consumer evaluations, peer assessments--all these were identified as data sources. But the other questions were largely unanswered, so we are left treading in the waters of an otherwise good idea.

The last issue discussed was that of the cost of accreditation. The groups said it was too expensive. Resolving the inconsistencies in the process, noted earlier, may be one method of solving the problem.

In summary, the groups have told us:

1. There are some issues which may or may not be problems, depending upon your perspective.

2. There are jurisdictional disputes among and between accrediting agencies, institutions, and the professions, which need to be resolved if we are to act in the public interest.

3. We need to develop a method whereby the measurement of educational outcomes is in the proper balance with the measurement of the process.

4. Accreditation is expensive.

5. Greater communication between CAHEA and the Review Committees, among accrediting agencies in general, and between accreditors and institutions would help solve some of these problems. Further, allied health deans ought to discuss these issues with their faculty and chairmen.

Finally, there was a recommendation that CAHEA transmit the consensus of this conference to more agencies which grant recognition to accrediting groups.

Now, if I have omitted anything of substance, I apologize to the discussion groups. But don't get mad, get even--next time, you be the synthesizer!

EXTERNAL CONCERNS: William Burian

The administration of accreditation, not the principle of having accreditation nor the principle of the public interest, is what people have on their minds. Clearly, people came to participate in this forum and to be heard at it. The discussions I observed were lively, thorough and intelligent.

Emotion attached to the concerns and recommendations ranges from mild concern to assure that the positive evolutionary process continues, to seething anger about specifics or all aspects of the administration of accreditation. My observation is that the majority falls into the moderate concern group. Deepest concern seems to be at those institutions with multiple accredited programs.

Clearly, for the public represented here, there is sufficient, substantial concern to call for change action on the administration of accreditation by CAHEA and other agencies.

Herbert Simon, the sage of administration, urges us to think of the central unit of analysis in all administration as the decision making process. Accreditation is a decision making process. Another sage, Paul Diesing, urges us to think of decisions as being a mix of three forms of rationality: technical, social and political. Here, political means the process of settling value disputes and it involves the autonomy/control issues which seem to permeate the decision making processes in accreditation.

Diesing also calls our attention to the fact that given our cultural bent to technical and economical rationality, we tend to over-empahsize this aspect in decision making processes and give insufficient attention to the necessity and reality of social and political rationality. Based upon my hearing of the discussions and reports from the discussion leaders, his caution applies here. We have the wish that accreditation can simply be a technical process when indeed it is a process which involves the mix of technical, social and political factors.

The concerns and recommendations that people have brought here are over the mix of these forms of rationality and how they operate in the accreditation decision process. There seems to be a wide recognition that accreditation is not simply a technical process, but that it is social and political as well. Indeed, many of the deepest concerns are with the latter two. Communication--as a social process--is a particularly profound concern in the conduct of the site visits.

With this as a general context, I will report specific recommendations, classifying them as they are linked to the major elements in the accreditation process.

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The Essentials

These recommendations pertain to the Essentials: 1) The Essentials should be adjusted to make a better balance between process and outcome variables. Excessive emphasis on process is experienced as an intrusion on institutional autonomy. 2) In establishing outcome competencies, a broad community of interest should be involved. 3) The Essentials are experienced by many as being too vague, thereby leaving too much room for capricious judgment and setting the stage for an adversary relationship between the institution and the accrediting agency. This vagueness should be reduced. 4) The common elements of the Essentials across professions should be identified and used to reduce the burden of preparing multiple study documents.

The Self-Study

The recommendations pertaining to the Self-Study are also tied to the Essentials. 1) The self-study design should allow for effective use of word processing. 2) The Self-Study should be redesigned to provide reduction in size and detail. 3) It should allow for formatting of data as it is used in the local institution. 4) It should allow for the use of sections out of other documents, such as regional accreditation reports.

The Site Visit

The first two recommendations pertaining to the site visit relate to the training of the site visitors. 1) Site visitors should be educated to be committed, well-prepared, considerate and sensitive. 2) Site visitors should have good communication skills for carrying out the site visit process. 3) The site visit should be reduced in frequency. There should be more use of paper reports and site visits only on selected basis after review of written documents. 4) Site visitors should be prohibited from using accreditation by intimidation through collaborating with program directors to intimidate administrators.

These are several related concerns and recommendations which do not fit tightly into any one of the three catagories above. 1) Cost should and can be reduced by the following: a) the development and use of common Essentials, b) fewer site visits and the use of a smaller number of site visitors, c) the granting of accreditation for longer periods of time (e.g., ten years, especially for mature programs). 2) The spirit and concretes of the entire process should be used to promote quality and innovation. 3) The social and political context of the programs in the institutions and its community should be taken into account in the site visits and in the report.

These are the recommendations to improve accreditation decision making. Now the decision needs to be made to engage in the change process.

When we consider engaging in a social change process, we are faced with bad news and good news. The bad news is that change is always incremental and evolutionary; it is seldom revolutionary. The good news is that it does happen. Evolution of life, physical and social (and this includes accreditation) is incremental and uneven, but it does happen. We can, as Buckminster Fuller reminds us in his recent book, **The Critical Path**, be co-creators with evolution if we join together and work to realize our common goals.

EXTERNAL CONCERNS: Carol M. Elkins

While voicing varying degrees of support for the accreditation process, the major focus was the enumeration of what is wrong with the process.

Six areas of concern and four suggestions for improvement can be collated from the group discussion. Under the areas of concern:

1. There is a perceived lack of uniformity in the survey process. Some felt there is a need for more consistency in the judgment made by survey teams. There appears to be a lack of clear understanding that surveyors don't make the final analysis or accreditation decision. It is reported that some surveyors are tempted to ge beyond the miminum standards and play a consultative role. Program administrators don't know what to do when a problem arises with a survey team. There was fair degree of consensus that site surveys are important to accreditation review, but teams should contain academic educators as well as professionals and the survey process should be as fair as possible.

2. The category of Accreditation with Qualification is not clearly understood by academia because the regional/institutional accrediting bodies don't use such a category.

3. The concerns about multiple allied health accrediting bodies and accreditation for "allied" health, i.e., non-physician, go beyond CAHEA to include many other autonomous bodies.

   Some would desire to have all aspects--the accreditation standards, the process, the self-study format, the survey technique, the accreditation categories used and the lengths of accreditation--poured into a big mixer and come out as one homogenized result that would look at all areas. Others disagreed with this viewpoint.

4. Accreditation is very costly. The chief executive officers of institutions want justification for continuing the accreditation process. Others acknowledge the cost and time-consuming nature of the accrediting process but feel that accreditation is responsible to the public in assuring acceptable curricula which produce at least minimally competent graduates.

5. There was consensus in one group that accreditation needs to look at both outcomes and process, but some present didn't know what is already being done in this area.

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It was acknowledged that outcomes are more difficult to evaluate and defining career entry level competencies is no easy task.

This group struggled with the mechanics and components of outcomes measurements including:

- the variability of the expectations of employers from employer to employer and one geographic region to another;
- the length of time to continue evaluating the performance of a graduate;
- the limitations in the use of licensure or certification exams which may show knowledge but may not reflect differences in level or length of educational preparation;
- the evidence or lack of evidence of the use of outcomes feedback in ongoing, internal program evaluation where it is currently required in the Essentials;
- the limiting focus of employers and graduates on the skills and attitudes.

6. Some had a concern that the Essentials in some arenas have become so broad and general as to provide room for inconsistency in the interpretation.

Four suggestions to improve accreditation are:

1. Really make clear what is necessary (essential) to meet minimally acceptable standards and what are just suggestions for program improvement or interpretive guidelines.
2. Validate the accreditation standards and consolidate the process while simultaneously improving communications.
3. Strive for greater consistency and fairness.
4. Allow more flexibility in the manner in which programs are structured or entry level competencies are met.

This meeting has provided yet another public forum for the expression of frustrations and concerns of many people who feel that these frustrations and concerns have not been aired before. It is evident that many attendees are not totally knowledgeable about who is doing what in accreditation today.

There is indeed a lack of professional trust in this communal self-regulation and peer evaluation process. The academicians want the professionals and the accreditors to trust that the academicians really know what is best or right for their own institutions and programs. The professional volunteers who make accreditation work ask the academicians to show more trust of their professional external judgment and expertise. What has led to this mistrust or lack of trust on both parts? Are all persons present willing to work on increasing trust or is this just a convenient excuse?

The first step to change is identifying the needs. The next step is to present alternatives and to select the most plausible means for corrective action. Many have eagerly identified the needs. Now, how many of you are ready and willing to roll up your sleeves and go to work on the tough task of achieving the corrective action?

EXTERNAL CONCERNS: Ruth Leventhal

Dr. Rhodes Haverty opened this meeting by saying, "We will be exploring ways to improve the system"--this translates as a marvelous way to get together 200 of the top people in the country and to make them pay a lot of money for the privilege of serving as consultants to CAHEA. Very clever!

I'm the last of the synthesizers to present on this panel--synthesizers are different than speakers--you knew what they were going to say before they got here (they didn't know you knew); and synthesizers are different from reactors--they knew what they were going to say before they got here: Nobody knew what we were going to say before we got here. We all brought jokes in case there was nothing to say. Fran Horvath is too hard an act to follow in that respect, and, since there is in fact a lot to say, I'll take the opportunity to share with you the summary I've synthesized from groups 7-10 yesterday afternoon and also take the liberty of adding some summation comments.

A key theme in all four sessions was that changes are necessary. They have to be made sooner rather than later, and they're being driven not by the pressure of the need to fulfill the public trust, but by the disappearance of the almighty dollar from the educational scene--public and private hospitals and colleges.

I think this saddens and angers us all, because as people involved in and committed to the process of education of health professionals, we want the freedom to make our choices for change based upon sound rationale, and not fear, or cost-constraints or a forced choice of the lesser of evils.

Many of the ideas expressed yesterday afternoon were suggestions for strategies designed to foster rational change. Let me share some of them with you. The major direction posed for revision of accreditation was that we begin to consider how to focus on the educational outcome product, i.e., the value-added, psychomotor, cognitive and affective domain--changes present in our entry-ready graduates; how successfully they transfer their education into the work world;

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and, how successful they remain over time. The key to this new process is ongoing self-study and evaluation, based on the goals of the institution. It will be neither cheap nor easy to implement in the beginning, but, as an ongoing process, may well prove to cost less and be better in the long run than our present retrospective focus on the processes involved in producing these graduates. There appeared to be a consensus, however, that a balance of assessing process and outcome product will continue to be necessary in order to accredit professional educational programs in the future, on behalf of the public. One optimal model scenario for accreditation reporting might be the following. First, a unified format for collection of institutional data stored by centralized computer so that updated information about an institution and its programs could be universally available and useful to regional and other accreditating bodies. This cuts out about one third of the paper and still makes available the "numbers" information--books, FTE students and faculty, etc. Second, the inclusion of a statement of mission and goals of the allied health educational unit as well as those of the program. This would give clarity to the assessment process of evaluating graduates from that school or that hospital in that environment without abrogating the right of Essentials to mandate a universally competent entry level practitioner who can leave that locale and still get a job elsewhere. Third, inclusion of programmatic responses to those Essentials which are kept in the accreditation process because they have been validated as truly essential by all constituencies for the process of professional education. This **excludes** revaluing institutional data included in more generalized accrediting of the university or hospital and **excludes** outside groups mandating processes that are contraindicated or contradicted by law or institutional governance policy. It will probably **include** competency based curriculum objectives reviews and an assessment of the knowledge, skills, and institutional changes that developed in both classroom and clinical settings. The role of the professions in generating this component will be essential. Lastly, the report will probably include both hard data and a judgmental assessment about the outcome product--the graduate. This data will include certification and/or licensure results, as well as survey data from graduates and employers about satisfaction with the program and its relevance to employment and continued career development.

I've synthesized this imaginary format scenario merely to reflect a lot of concerns and queries and suggestions raised yesterday. It obviously leaves much unattended, including the following:

1. The fiscal burden on small departments and tight-budget schools and cost constrained hospitals to handle the required process of preparing for accreditation by continual self-study and evaluation, data generation and report preparation.

2. The concerns and problems of deans about maintaining viability of schools of allied health (in academic health centers when their schools are usually low man on the totem pole, in liberal arts colleges and universities where their schools are usually low man on the totem pole, or in state systems where only the numbers count) at a time when they are faced with increasing costs of accrediting processes, increasing costs required to correct deficiencies and increasing scepticism of college provosts and presidents about validity of any of these expenditures.

3. The scenario doesn't address problems inherent in accreditation processes based mainly on a paper report and it also doesn't address problems inherent in developing perfect site visitors.

I look forward to Dr. Kells' proposals later this morning for alternatives and hope they address these concerns.

Someone said at one meeting that there's an unproven assumption underlying the accreditation process--if the process is good, then the product will be good. I believe all of the mandates for change that have been thrust at CAHEA these last two days call for more than just change in order to assure a better accreditation process, and, therefore, a better product. I believe underlying the concerns is the real mandate--that CAHEA must now assume a leadership role in assuring that the product of this process--accreditation itself--is good for society, and that the cost-benefit of a voluntary self accreditation process is itself in the public interest; that CAHEA assure this, and then turn with vigor to the task of creating the environment which will enable valid changes in the accreditation process. CAHEA can do what no one else is now doing.

The present process isn't herpes--it won't last forever. I hope we've encouraged CAHEA to continue proactive leadership, to bring together at one time all constituencies of the process (government, employers, professional bodies and joint review committees, educational institutions and the public) to facilitate joint decision making about needed changes. I commend them on this excellent start. Talking is fine. Opening communication is even better. Facilitating action is best.

ALTERNATIVE FUTURES FOR ACCREDITATION: AN ORGANIZATIONAL ANALYST'S PERSPECTIVE

H.R. Kells

This is a time, not unlike a very special time about one hundred years ago, when our society was changing dramatically and when educational needs, institutional forms, jurisdictions and control mechanisms were either in flux or were soon to evolve as a result of strong external influences. The transformations we see today in a post-industrial, service-oriented society are as profound as those which occurred a century ago in the industrial revolution. Similarly, the forces and conditions, indeed confusion, in the educational world in the late nineteenth century, which among other things precipitated the accreditation movement, are remarkably similar to the conditions and forces which are causing or will cause accreditation to evolve and change in the last two decades of this century.

As several thoughtful people have indicated, some conditions exist now which existed in the 1880s--examples are the cries for increased definition of and articulation between the levels of education, the greatly increased focus on career and technical education, and the adverse public reaction to some aspects of professionalism particularly its consumer-related, economic and political dimensions and its educational influences. Educational leaders took bold actions a century ago which shaped the direction of the educational responses to the societal changes--land grant colleges, research universities, accrediting agencies and standardized testing are examples. It is important today that the leaders of educational institutions and their accreditation agencies--the major self-regulation mechanism in postsecondary education--consider what actions they should take to shape the future for education, for these agencies and for this mechanism. The forces acting upon our system are as strong as or stronger today than they were a century ago. They are reinforced by the political, economic and communication/information context. Responses, of course, are difficult because the size, diversity and complex governance of these systems tend at times to provide inertia or at least to make the choices more complex. The quasi-public nature of accreditation as ably defined by William Kaplin (1982), and the general litigious nature of this age also underscore the importance of the choices to be made. These choices will determine the future of accreditation--the topic which will be explored in this paper.

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The perspective to be presented will be that of the organizational analyst; the applied social scientist who is concerned with organizational behavior, with power and governance, with the classical control function (study, evaluation and analysis), and with a "systems" sense, which includes the contextual aspects, inputs, processes and theoretical or actual results which characterize and define our organizations. It is my hope that this will prove to be more useful than perhaps merely an economic, historical, political, or quantitative approach. My objective is to clarify the choices which I feel the leaders of educational and accreditation organizations and their surrogate, the Council on Postsecondary Accreditation, must make so that self-regulation will be found to be more effective when some of the dust settles a decade from now. I will proceed by first briefly denoting a few aspects of the history of accreditation and the attributes of our kind of organizations which may help us to understand better the context for our choices. Then we will examine the forces at play and the nature of some of the conditions in the accreditation world as they are perceived by the major actors on the stage. These will, I hope, lead logically to an explication of the choices which must be made in the accreditation community and the probable nature of the future of accreditation in general and for allied health accreditation in particular.

Some Historical Perspective

One of the things we tend to forget about voluntary accreditation is that it is still a very young process. Surely the process as we know it today is only about thirty years old. Although accreditation actions were taken in the early years of this century, it was not until after World War II that any reasonable semblance of today's process was present in the activities of any of the agencies. Team visits, self-study and even the use of a review cycle are recent phenomena. Although the transformation to qualitative goal-based evaluation in the regionals is perhaps 50 years old, the transformation of standards and criteria for most agencies to the more valid and useful current forms is recent. And, of course, a staggeringly large proportion of the agencies operating today are newcomers in this relatively embryonic process--although the professionals which run them sometimes protest and speak of them as something one would think is a mixture of the Shroud of Turin and the Old Testament (if not at least the age of the Book of Kells). Why is this of concern? It is useful to remind ourselves now and again that processes and their organizations, like complex organisms, grow and develop over a protracted period of time. They move from relatively embryonic and immature systems to gain the characteristics of maturity. The studies of human development and the maturity theories concerning organizations are relevant here. They remind us that change is a part of the world we must expect, that it is natural for our institutions to evolve, and that the nature of leadership needed and the array of services and the procedures we have helped painfully to shape (and of which we are justifiably proud) will and must continue to grow and develop. So a look into the future concerning some of those probable changes is a healthy and appropriate thing. It may help us to direct such change and to participate in a more meaningful way.

Another aspect of the history of accreditation which is worthy of note because it relates to the changes which are possible is the primary relationship which over time accrediting activity has had with the chief executive officers and board members of postsecondary and related institutions. It is probably fair to say that except for a small cadre of loyal and hardworking institution leaders who have consistently formed a portion (and a smaller portion than is often suspected) of the accrediting commissioners (Kells, 1983), and the team members (Kells, 1979; Robertson, 1983) in accreditation, the vast majority of chief executive officers have been little involved with and only occasionally concerned about accreditation over the years. For the most part accreditation, the center piece of the postsecondary self-regulation system, did not capture the attention of these leaders in the first half century of practice and to that extent it perhaps has been much more of a peripheral activity than it deserves to be (Carnegie, 1982). In part, for this reason, many of the agencies, particularly the programmatic ones, have been dealing in relative isolation with just a part of our institutions. This is changing in the current era and many thoughtful people feel this must change if the system is to be sustained, and surely if it is to reach its potential.

Accrediting Agencies as Organizations

Surely what patterns of activity are established and maintained in accrediting agencies, and, in very important ways, what possibilities exist for the future, are related to the kind of organization they are. As one might expect, just as education reflects society's expectations, accrediting agencies are similar in many ways to the organizations they serve.

Postsecondary institutions in this country are representatives of a particular and in many ways peculiar species of organization--the service-oriented, (and for the most part) nonprofit bureaucracy. Except for the leaner, profit-seeking colleges which differ in some obvious and important ways, the postsecondary institutions as a class are difficult to manage, to evaluate and to change because they have the following characteristics. They have--

- o complex goals, often incompletely and unclearly stated and upon which consensus is often weak.
- o few and poor measures of achievement of the goals.
- o a high percentage of often anarchically professional employees who are very intelligent, spirited, jealous of prerogatives, and often with relatively poor (or at least undeveloped) human relations and group skills. They are generally defensive when challenged or criticized, and seldom see criticism as a necessary stimulant to activities through which problems can be solved.
- o a partially delegated, complex governance system which includes the aforementioned employees and which contains at any given time a heady mix of autocratic, collegial, political and anarchic dimensions.
- o a relatively low degree of sequence and interdependency of functions in the organization. Indeed, functional units often compete for clients!

- a set of norms and values which are usually related to the primary mission, which generally remains stable over time and which interlopers and self-proclaimed change agents at any level of the organization defy at their peril.

- power which is shared in a unique way. Although a general pattern exists, this mix varies by institutional type and by institution within the types. Policy making is theoretically and increasingly done by a board of volunteer, part-time laymen. Faculty within the work groups are generally delegated the control of production, curriculum and teaching methods, and schedule, and often the control of the key raw material (students) and the release of the product to the market (graduation requirements). But the real control of resources (financial and human) and the greatest influence on policy making by the board or even by the faculty body rests with the full-time top level executives. This pattern is very different from that found in ministerial systems in other countries. It is the major reason why we have a large, generally flexible, competitive, diverse system of colleges and universities. Most of the power is in the hands of those at the top of the organization (board and presidents) rather than in state or federal ministries and/or with the faculty guild.

Now let us examine the characteristics of accrediting agencies as a class of organizations and see what that tells us about them and their possibilities for the future. There is, as one might expect, a great similarity between the attributes of the agencies and the institutions and programs they serve. These agencies also have complex goals, both stated (improvement and protecting of the public) and derived (Selden and Porter, 1977). There is an emerging consensus on these goals at the agency level, but little indication to date that the goals, processes or motivations are widely known, understood or shared on the campus or by the general public. An interesting study on this matter has just been completed by Richard Parrish (1983). There are also few measures of effectiveness, success or outcome used or available in these organizations. Indeed a recently completed study indicated that one of the primary needs perceived by a substantial portion of the accrediting commissioners of institutional accrediting agencies nationwide is feedback from clients and other studies about the effectiveness of the accrediting process (Kells, 1983).

These agencies use the same professional cadre as postsecondary institutions in their teams, executive staff and boards. The accrediting work, however, is more sequential and the functions are more interdependent. The governance system of accreditation, while not nearly as complex, delegated and shared as the campus system, is complex nonetheless and the roles of the government, COPA, the states, the associations (both regional and professional), their commissions or boards, and their staff vary from agency to agency, and by state (to the extent that is relevant). The governance of accreditation is changing. It is a complex and only partially defined business which will continue to evolve in the years ahead.

In the agencies, as in the institutions, there is a strong set of norms related to the campus experience, to practice in a professional field and to the style and background of the chief executive officer of the agency. Anyone who has observed agency practice over time in a region or in a field or who has attended COPA

Assembly meetings knows this very well. The agencies take on a life and a style of their own which changes only very slowly, and this is both reassuring and perplexing.

And finally, power is basically distributed in the agencies in the same way it is in postsecondary institutions and this factor is a primary determinant in policy making. I am convinced that the agency executives, just like their institutional counterparts, are by far the strongest element in the system and they hold the keys to the future--at least the keys to the responses which agencies will make to the forces which are applied to the system. If the volunteers, both board members and site visitors are part-time elements in the system, and if the agency activities and policies are only minimally coordinated across the agencies, then the agency executive, the one full-time knowledgeable, vested, committed factor in the organization, holds the reins of power, positionally, informationally and often personally. What he or she or they do by way of monitoring forces and feedback, by drafting policies and standards, by building coalitions, by persuasion, avoidance or by statesmanship will either "unfreeze" the status quo or leave it inertia bound. Just think about the meeting we are attending, about the best of the changes in the system in the last twenty years, and about the agency or system you admire most. What you invariably will find is a first rate, confident, competent executive. When these people really want something to happen, it will happen. And this is reassuring and, of course, perplexing. But it is real, and those wishing to influence the future of accreditation must deal with it--in all that it means on a practical level, just as one would on the campus.

The Forces Affecting Accreditation

Certain forces propel us, our organizations and our systems into the future, others shape that future and, of course, some do both. The changes underway in our society are substantial. Those identified by Toffler (1980) in his fascinating The Third Wave and by the recent Yankelovich (1981) studies concern fundamental societal trends. They have to do with our relationships to organizations and family units, with our work patterns and awareness of time schedules, and with the basic decentralization of work units which will be possible in a technological society. Some of these changes and other forces will affect the professions, educational institutions and accreditation. Without reciting the litany of forces which affect accreditation today, I will mention only a few which are basic and which propel us and are shaping or will, as I see it, shape accreditation agency life and practice in the years ahead. They are five in number and are as follows:

1. **Power is shifting in the accreditation world.** If one considers the relationship between institutions (or their programs) and accreditation agencies, most observers would conclude that in the first half century of the relationship the indicator needle on the balance of power was clearly pointing toward the agencies. Many institutions and programs were seeking initial accreditation, eligibility for federal aid was a heavy influence, and student employment market concerns were heavily reflected in motivations for programmatic accreditation. Institutional heads were generally ignorant of accreditation and left it to others, and while money was always scarce it wasn't a factor in deciding about

an agency relationship. All of that is now changing in powerful ways. For all of the obvious reasons, institutional leaders are waking up, reacting to the process in many ways, and even participating more. They have also gained new access to the national policy making chambers of accreditation. The new COPA Assembly of National Postsecondary Educational Organizations (ANPEO) is both a reflection and an expression of the shift in power toward the institutions. Presidents, chancellors, and academic deans are banding together to discuss accreditation and other matters which were once left to others. Symptomatic of this change was an item in a recent column of the **Chronicle of Higher Education.**

> College presidents showed at last week's N.C.A.A. meeting how effectively they can lobby. One wavering delegate told the chancellor of a neighboring institution that he was going to vote against the academic-standards proposal because it appeared to have little support among his fellow athletic directors and coaches, and would undoubtedly lose.
>
> The chancellor warned the delegate that it might be wise to call his president (who was not at the meeting) before casting his vote. The next day, the recalcitrant delegate admitted he had taken the advice, telephoned his president, and would be voting for the proposals, which passed easily. (Chronicle, 1983)

In the accreditation world such things are also happening--some would say, "at long last." Last November this speaker attended the Indiana Conference on Higher Education to speak about the value of self-regulation and to join some of the presidents and deans in Indiana who wanted to oppose others of their group who were inclined to support a bill introduced into the Indiana Assembly which would ban accreditation in the state. The president of the American Council on Education recently wrote to all ACE institutions to speak about strengthening accreditation, but also to speak about preventing its intrusions on institutional autonomy, its unwarranted leverage via ties to state licensure agreements for professionals, and about the need for interagency cooperation. He announced that the Association of Governing Boards (AGB) had recently joined COPA's ANPEO (American Council on Education 1982). AGB has recently published its report on **The Boards Role in Accreditation** (Association of Governing Boards, 1982). The National Council on Instructional Administrators and the AACJC have recently published a "Postion Paper on Specialized and Programmatic Accreditation" (1983). A recent paper by Thomas O'Neill and Robert Heaney, active analysts from the world of health accreditation, is entitled "Taking the Initiative in Accreditation." It appeared in the **Educational Record**--basically a president's journal (O'Neill and Heaney, 1982). Finally, and most significantly, one of the most talked about books in recent years is Ernest Boyer's essay entitled **The Control of the Campus** which speaks to the matter of power and is basically a call to arms to both support self-regulation and protect institutional autonomy and decision-making power (Carnegie, 1982). I think these things reflect a great stirring on campus after campus and that power is shifting in the accreditation world. They represent a very substantial awakening of a sleeping giant--the beginning of a shift in power from the agencies to the institutions.

2. **Costs are becoming a factor.** I won't belabor this issue for obvious reasons. The sponsoring agency for this conference has been actively studying this issue. Others have, too (see Warren, 1980). The background papers for this conference mention it often. It is an important issue which will affect the amount and nature of participation in this process and in my judgment it should affect the way accreditation is conducted in the future.

3. **The professions are changing and may be losing power.** Part of the essence of most accreditation activity springs from the nature, definition, power and boundaries of the professional guilds. I need not elaborate very much about this for the professionals in this audience. The point is that if the present alignments and levels of control shift, this will be reflected in accreditation as well as in the educational programs and institutional alignments. An example is the traditional library field where challenges are being felt from the commercial information agencies, and from federal job reclassifications. As changes occur in a field, the guild reflects it and professional training programs change, merge or die. Marketplace challenges in medicine and law are sure to have an effect on their entire educational and accreditation system. Consumer challenges, changes in licensing and control boards and the choices by third party funding agencies are also bringing changes. For an interesting analysis on this subject, I recommend Connie Larson's chapter in Kenneth Young's new book on accreditation (Larson, 1983) and Paul Starr's, **The Social Transformation of American Medicine** (1982). Suffice to say, as the professions rise, fall or blend, obviously accreditation will be greatly affected. The general evidence seems to be that we are entering an age of consolidation in the professions.

4. **Most academics continue to be ignorant about accreditation.** This is a force, often a subtle force, which has been with us for a long period of time, but which will increase in power as the market and economic forces reach a peak in the 1980's. Suffice to say, that the most recent (indeed perhaps the only) systematic study of this issue--that by Richard Parrish--has confirmed our worst fears: most academics know relatively little and perceive they know relatively little about accreditation. They want to know more. The more they know about regional accreditation, the more they want the improvement-oriented dimensions to be emphasized. Those internal (improvement-oriented) dimensions are strongly associated with perceived satisfaction in accreditation. Unfortunately, the more chief executive officers know about specialized accreditation, the less they want it on their campus (Parrish, 1983). So, information about accreditation or the lack of it, is a force which is influencing the system and its acceptance, and it is likely to play a bigger role unless something is done about the present void.

5. **Complaints are building about some aspects of accreditation and about some agencies.** Although I view myself as a loyal critic of accreditation, I realize that I am not viewed that way by some, so I won't pursue this dimension in any depth. I have spoken to it before (Kells, 1983, 1979, 1976) and others have at this meeting. As the power relationships shift and as costs rise, complaints about accrediting standards and procedures can move to the center of the stage, get hearing at the highest levels and thence must receive attention. Therefore, they are a force and a factor in a changing accreditation world.

Two anecdotes may serve to capture the present mood and some of the forces at play. The deans who met in Indiana last fall ascertained, because they all sat in the same room to talk about accreditation for the first time (!) (agencies tend to deal with them one by one), that they all had many complaints about one agency. A consensual agenda for action was quickly formulated and will be enacted. Secondly, within the last two years in the Northeast, a consortium was formed to offer a state approved professional program which sought programmatic accreditation. The consortium is an independent entity built on the faculties and contributed resources of seven colleges. It was approved in the state to offer a degree program as a consortium. The accrediting agency sent the consortium a bill for seven times the normal fees. The consortium's program director complained, to no avail, and in frustration went to one of the deans of the colleges, who in turn talked to all of the deans. A consensual statement of complaint was sent and rejected by the agency. The deans then went **en masse** to the agency headquarters. The eventual outcome is important because it will indicate if accrediting agencies can develop appropriate mechanisms, even ones as simple and fundamental as fee structures, to deal with the educational organizations of the future. But even more important is the fact that after the meeting with the deans, the agency official berated the poor program director for going to the dean. And here we have it folks. The accrediting agency, which is now the focus of discussion at the national level by COPA executives, exhibited behavior which is at the root of the basic complaint the institutions have. Outside agencies want to reorder their priorities, and often they want to do it without talking to those whose job it is to set those priorities. That is the essence of the Boyer argument (Carnegie, 1982), and ironically those practices have propelled the shift in power I have described.

Some agency leaders still proclaim, as one did vociferously within the last month, "Accreditation is voluntary; if institutions don't like it, they can just not participate!" Well, friends, beyond the obvious involuntary dimensions of many of the accreditation relationships, if power is shifting and if institutions are under great duress, and if they do choose not to participate in large numbers--accreditation as we know it could suffer greatly. And the alternatives--increased state and/or federal control--are not very attractive. But what is the future likely to hold?

The Future of Accreditation

If my analysis of the characteristics of accrediting agencies and the major forces which are affecting them is even approximately accurate, then accreditation will change substantially in the years ahead. It is changing now and it will continue to change, but the pace of change will increase as the external forces are increasingly expressed in the years ahead, as educational efforts change, and as gatherings like this one and the vital studies, planning efforts and strategies for change which should follow it are enacted.

The boundary conditions, however, that is, the limits of acceptable alternatives, will probably become somewhat more constricted as the forces which were mentioned come increasingly into play. For instance, if power is shifting to the embattled institutional leaders, then some alternative future espoused or mentioned in the past, such as a takeover of accreditation by the state licensing authorities or by the federal government (the major fear of the last ten years), no longer seem likely. Institutional leaders just do not consider those options as desirable at all. They are not likely in such a world. However, the general option of maintaining the status quo also seems unlikely. Institutional leaders think things are too fragmented and too costly. They think their power has been eroded too much (Carnegie, 1982) and that there are too many agencies and reviews and too many unvalidated process-oriented accreditation standards. They generally want more cooperation in accreditation (Pigge, 1979), as do the COPA leaders, and COPA's new Assembly of National Postsecondary Educational Organizations.

So the **general** alternatives for accrediting agencies and their process are probably two in number. One is to hold on to what is in place, to tinker with it a bit, to defend it as best one can and to attempt to ride out the next decade. In my judgment such a strategy will greatly weaken the American self-regulation system, and accreditation will be picked apart if it adopts so reactive a stance. Certainly such a strategy does not have as its centerpiece that which accreditation espouses for the institutions and programs it serves--active self-scrutiny and planning for the future.

The second alternative, of course, is to actively address the forces at play, the strengths and weaknesses of the system, and to do it collaboratively across the agencies. However, saying that such things are needed does not mean that they will be done. They require extraordinary leadership and courage. After ten years of proposals, the longstanding geographic boundaries of the regional agencies remain an awkward reality. The terms and the basic evaluative strategies used by these agencies and their views about standards remain a reflection more of the personal positions of the regional executive than of interagency consensus in an ever more nationwide educational enterprise. The variations across the specialized agencies in most every basic dimension is staggering to the institutional users and to reasonable observers. The duplication of effort and perceived distortion of institutional priorities sustained by some of the agencies and executives who oppose interagency cooperation, common general review cycles and joint Self-Studies and visits remain largely unchanged although they have been sought by some for almost a decade and they have been reported as being desired by most institutions (Pigge, 1979) and most institutional accrediting board members (Kells, 1983). So response will not be easy, but it must be made.

In general, across all accreditation with the help of the accreditation exeuctives and because of the forces at play in this arena, I foresee the following changes as coming over the next decade--

1. **Increased emphasis on outcomes dimensions in accrediting standards** and therefore in Self-Studies and site visit activities. While this has been long advocated, and while it requires studies of desired professional behaviors for graduates (for specialized accreditation) and a host of hard and soft measures for regional accreditation, the leaders of institutions want agencies to let **them** decide on most of the educational process and to be evaluated on results (Carnegie, 1982; and see the arguments of Drs. Seibert and Klopfenstein in the

background essays for this meeting; also see Andrews, 1978). The new piece of evidence is that the accrediting board members want it too (Kells, 1983). So it seems that the agency executives must deliver what is wanted, including the policies and the training to implement it.

2. **Much more cooperation across a somewhat smaller number of recognized agencies.** The same forces described above will make this a reality. The agencies will increasingly find that joint Self-Studies and team visits on a relatively regular cycle will work well--indeed, better and better over time as institutions increase their study capacity, as common, more useful data bases are developed to buttress institutional survival, and as institutions increasingly expect, and then national spokespersons insist on, a more rational, more tolerable and far more effective system.

3. **A stronger Council on Postsecondary Accreditation** which is increasingly respected by the accrediting agencies and the postsecondary institutions. This certainly is underway and all indications are that the leaders of American postsecondary education want a strong voice in Washington, effective agency review, and a stronger, nationally coordinated self-regulation system conducted by the voluntary sector.

4. **More effective self-study processes and better site team performance.** These things are called for universally. They are changes which are underway and they have been reinforced by the testimony offered at this conference.

5. **More effective and more universal participation by the faculty and administrative leaders of our institutions in the process of accreditation at all levels.** The improvement and credibility of the self-regulation system requires it, and the first evidence of this have been reported in various forms around the country.

6. **A more knowledgeable academic community regarding accreditation.** Let's face it, folks, while accreditation is complex, it really isn't so hard to understand. As people feel the need to know, they will learn about it, especially if COPA and the agencies begin the long needed and oft called for "communication strategy."

All in all, I truly believe that American self-regulation, in general, and accreditation, as its centerpiece, are precious, needed aspects of our governance system. I believe the next ten years will see them improved, less complex, more effective and more respected across the academic community and by the general public.

The Future of Allied Health Accreditation

I feel less sure of these projections, but certainly my inclinations have been reinforced by the background papers prepared for this meeting and by some of the discussion I have witnessed. In general, the changes which were projected for all accreditation apply in the allied health area. Certainly the increased focus on outcomes-related standards and the need for increased interagency cooperation were reinforced heavily by my experiences here, as were the need for better self-study processes and joint, more effective training for and performance by site visitors.

Some of the future for allied health accreditation, of course, will parallel a subset of **expectations for specialized or programmatic accreditation.** They include--

1. **The introduction of more true lay member participation on accrediting boards.** At present some agencies list postsecondary professionals from other fields as their "public members." I think as the consumer influence grows and as knowledge grows about the good experience other agencies have had with non-postsecondary lay members, this will change.

2. **The institution of many additional major efforts to validate standards in light of the characteristics of good professional practice in the field**--not just a shift to outcome dimensions, but a rethinking of the input and process dimensions as well. This will parallel greater interagency cooperation and will be spurred by greater institutional power in the system. This point was certainly echoed by the deans who spoke at this meeting.

3. **A generally improved level of staffing per agency** so that more training, travel and institutional contact will be possible. This will be possible as agencies cooperate more and as some agencies merge their efforts, if not their corporations, and as institutions demand more contact and service.

4. **Some movement away from control by associations of professionals to control of sponsorship by associations of schools and colleges.** Under the conditions which will exist in the eighties with the boundaries blurring between the professions and with the rise in postsecondary institutional influence, this is likely to occur. It was recently argued for by Kenneth Young (1983).

5. **A greater accommodation by specialized agencies with an appreciation by the 500-1000 chief executive and academic officers of the major universities** in this country which house most of the specialized professional programs and which also have the greatest number of multiple accreditation relationships. I think this will happen, because it **must** happen. If it doesn't, specialized accreditation will wither substantially and be opposed by a powerful lobby which controls and increasingly is interested in controlling the vital fees and other resources the agencies need.

More specific to **allied health accreditation,** I would project several changes--

1. **The standards (Essentials) will become much more outcome oriented.**

2. **State licensing or national board exams will become much more** predictively valid through the work of specially funded projects and with the help of organizations such as the other COPA, the Council on Occupational

Performance Assessment (of the Educational Testing Service), and through studies such as have been conducted by the Association of Theological Schools. Better exams will allow two needed changes--greater diagnostic use of student board score results to improve programs and a reexamination of ties to state licensing regulations for professionals.

3. **Ties to state regulations for licensing of professionals will soften and begin to disappear.**

4. **Common data bases and compatible mini-computer files will permit annual and longitudinal data compilation** and easier voluntary communication between programs and agencies, among agencies, and with COPA.

5. **Much more and much more effective joint site team training will occur collaboratively via CAHEA.** This will accompany a blurring of the lines between the various accrediting boards as changes occur in the professional boundaries.

6. **Site teams will be more collaborative, more frequently represented by allied health generalists and more frequently represented as part of joint (not concurrent) team with regional accrediting agencies.** In joint team ventures, the allied health site team cadre will be much smaller, with one or two visitors reviewing five or more programs if necessary. This will be possible because of the shift in the nature of the "Essentials" (standards) to more outcome-related dimensions and because training will produce more effective evaluator generalists who can function across related disciplines or fields--as is the case with regional faculty discipline visitors at the present time.

* * * * * * * *

When one steps back and examines these projections for general, specialized and allied health accreditation, although some may find them distrubing, by and large, they represent merely a refinement of the basic self-regulation system which has emerged in this country. They represent changes in response to societal changes as the educational institutions change. They would represent reasonable steps which could be planned for, organized and managed--and if achieved, would represent a liveable, workable, and, I believe, more defensible and effective accreditation system.

I will close by reminding us all about an important dimension of our lives--how we see conditions and evidence, hints and data; how we perceive the evidence upon which we must project our future and build our new world. We are helped to think about this--to put it all in perspective--by two passages from the works of the poet, Caroline Marshall, from her book **Fugitive Grace**

--in "Where We Are Today" we find:

> The way the man in
> his starched white coat
> leans closer, places

a cold steel circle
over your heart and
looks at the floor,
we listen to each other.
Our ears are plugged
with rubber, cries
in our own heads,
formulas learned
to diagnose
what is said.

What we hear
is faint
by the time
it reaches us....

--in "Evensong" we hear:

Our elbows nudge
for room at the ledge.
We have not mastered this
ritual yet, though it has
been months since we began
to stand at this high window
like two children, noses
pressed against the pane,
watching lights of a grim city
undulate, phosphorescent
as primitive plankton,
thinking proudly how
the whole boat's been
held steady another day.

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ACCREDITATION: A PUBLIC TRUST

Forum Schedule

April 20-22, 1983

Sponsored by the Committee on Allied Health Education and Accreditation

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Wednesday, April 20

5:00-5:45 PM Welcome

J. Rhodes Haverty, MD
Chair, Committee on Allied Health Education and Accreditation

Accreditation: A Public Trust

William A. Kaplin, JD
Columbus School of Law
The Catholic University of America
Washington, DC

5:45-6:30 PM An Overview of the CAHEA System (followed by breakout groups)

6:30-7:30 PM Reception

Thursday, April 21

Internal Concerns

8:30-10:15 AM The Significance and Function of Essentials and Self-Study

Mary Lee Seibert, EdD
Dean, College of Allied Health Professions
Temple University
Philadelphia, Pennsylvania

Thomas D. Klopfenstein, PhD
Dean, Allied and Consumer Health Education Division
Kellogg Community College
Battle Creek, Michigan

Allen W. Grubb, EdD
Director of Educational Services
Deaconess Hospital, Inc.
Evansville, Indiana

Reactor Panel

Samuel H. Hope, MMA
National Office for Arts Accreditation in Higher Education
Reston, Virginia

Thomas J. DeKornfeld, MD
Chairman of the Joint Review Committee for Respiratory Therapy Education
University of Michigan Medical Center
Ann Arbor, Michigan

10:15-10:45 AM	Break
10:45 AM-12:15 PM	Discussion Groups
12:15-1:30 PM	Luncheon

External Concerns

1:30-3:15 PM — An Examination of the Site Visit and the Review Process

Multiple Program Sponsors: Concerns

Gerry M. Kaminski, DA
Dean of Health Technologies
Cincinnati Technical College
Cincinnati, Ohio

Gary D. Aden, JD
Senior Vice President
The Pennsylvania Hospital
Philadelphia, Pennsylvania

Coordinated Surveys: Pros and Cons

John W. Schermerhorn, PhD
Dean, School of Allied Health Sciences
University of Texas Health Science Center at Dallas
Dallas, Texas

Alternatives to Program Accreditation

Thomas E. Freeland, PhD
Dean, School of Health Related Professions
University of Mississippi Medical Center
Jackson, Mississippi

Thursday, April 21 (continued)

Reactor Panel

William J. MacLeod, PhD
Vice President
Council on Postsecondary Accreditation
Washington, DC

Thurston E. Manning, PhD
Director
Commission on Institutions of Higher Education
North Central Association
Chicago, Illinois

3:15-3:45 PM Break

3:45-5:15 PM Discussion Groups

5:30-7:00 PM Reception

Friday, April 22

8:30-9:30 AM Synthesizers Reports of Discussion Groups

Robert Coyle, EdM
Executive Director
Joint Review Committee on Education in Radiologic Technology
Chicago, Illinois

Frances L. Horvath, MD
Dean
School of Allied Health Professions
St. Louis University
St. Louis, Missouri

William Burian, PhD
Dean
College of Health and Human Services
Western Michigan University
Kalamazoo, Michigan

Friday, April 22 (continued)

	Reports of discussion groups (continued)
	Carol M. Elkins, MEd Executive Director National Accrediting Agency for Clinical Laboratory Sciences Chicago, Illinois
	Ruth Leventhal, PhD Dean School of Health Sciences City University of New York Hunter College New York, New York
9:30-10:00 AM	Break
10:00-10:45 AM	Alternative Futures for Accreditation: An Organizational Analyst's Perspective
	Herbert R. Kells, PhD Professor of Higher Education and Information Studies Rutgers University New Brunswick, New Jersey
11:00 AM	Adjournment

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